MARYLAND STATE DEPARTMENT OF HEALTH

say filled in by the funeral rs. Pages 1 and 2 should within 24 hours after

TO PARTEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 housed dead begins and by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after deapt.

1SM 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12227 CERTIFICATE OF DEATH 12213

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	PLACE OF DEATH			2. USUAL RESIDEN	CE (Where dece	ased lived, If in b. COUNT		ice before a	dmission)
		Baltimore	MARYLAND	Maryl	and	B. COUNT	Baltim	ore	
		f outside corporate limits, give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN ((If outside corpore	ete limits, write l	RURAL end give	neerest tow	n)
	Towson				wson				
		AL OR INSTITUTION (if not in	hospitel, give street address)	d. STREET ADDRESS				ON A	SIDENCE A FARM?
	409 Range			409 Range				YES _	NO DE
3.	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day	Yeer	
	(Type or print)	EVELYN HEWETT	ACKROYD		DEATH	Novem	ber 27,	196	51
S.	SEX	6. COLOR OR RACE 7. MAR	RIED X NEVER MARRIED B	DATE OF BIRTH			F UNDER 1 YEAR		
	Female	White WIDO	WED DIVORCED O	ctober 20, 1		O yrs.	Months Days	Hours	Min.
			KIND OF BUSINESS OR INDUSTR			reign country)	12. CITIZEN	OF WHAT C	OUNTRY?
ac	Housewife	rking life, even if retired)	Own Home	Mass.			US	4	
13.	FATHER'S NAME		O WIT ITOLIO	14. MOTHER'S MAIDEN	NAME		1 00.		
	William	Walker Hewett		Hulda M.	Bleekne	V			
	WAS DECEASED EV	ER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	NFORMANT		Address			
(Ye		yes give wer or dates of service)	t.Do.	Staller T Ac	lessowed /	OO Pana	a Da m		Ma
-	No I	NONS EATH [Enter only one cause p		iteley I. Ac	kroya, z	toe rang	A INT.	TERVAL BET	WEEN
		WAS CALISED BY.		4			0	NSET AND D	PEATH
			cardiac arre						
	162.1	DUE TO R	ronchogenic Co	arcinoma o	f right	+ upper	1060	15 m	ouths
	Conditions, if any	, which \ (b)	ith diffuse A	tetastasis	0				-
	gave rise to immedi (a), steting the u	ete ceuse DUE TO	yocardial info	retion and	+ peri	cardit	's	1	
	cause lest.	(c) 40,	th effusion an	e to metas	tatic c	arcinor	na	4 1	onth
Z	PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CO	ONDITION GIVE	N IN PART 1(a)	19. WAS A	UTOPSY RMED?
CATION	114.								NO A
FIC	20a ACCIDENT W	AS UNDERLYING 20b. I	DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in	Part I or Part II o	of item 18.)			LELI
CERTI	OR CONTRIBUTING	MEDICAL EXAMINER				100			
A	20c. TIME OF INJU		d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far	m, : 20f. (City o	or town)	(County)		(State)
MEDICAL	Hour e.m.	W	hileNot While fact	ory, street, office bldg., etc			(
ME	p.m.	17	work et work		1				
-			ended the deceased from						
	saw the deceas	ed alive on hov.	21 1961 and that	death occured at	M, from	the causes a	nd on the c	late stated	d above
	22a. SIGNATURE	1 1	,						. DATE
1		19.	Luc. M		MED.	STAFF PHYS.	nov.	28'19	SIGNED
	22c. PHYSICIAN'S	1	4	22d. ADDRESS					
	NAME (Type)	5	Liu	5301	1tarfor	rd Roa.	d Battin	HOPE ,	Md.
-	RUDIAL CREMATI	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY			TION (City, tow			tete)
23	REMOVAL (Specify)							~~	
_	Burial	Nev. 29,1961					Maryla		
24	FUNERAL DIRECTOR		ADDRESS		C'D BY REGISTR		Thur & To		
	John Burn	ns' Sons. Towso	n. Maryland	DATE	DEC 1 '6				

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12228
CERTIFICATE OF DEATH

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O FUNERAL DIRECTOR. At the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in by the funer director, age 3 should be detached for use as the burial-transit permit. Then please remove carron papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carron papers. Pages 1 and 2 should be detached for use as the burial-transit permit.	111		d. NAME
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	PLACE OF DEATH					2. USUAL RE a. STATE			eceesed lived, I	institution: R	esidence	before e	dmission)
	I	Baltimore		MARYLA	ND	a. 317.12	Mar	ry land	D. 000	Pr.	Geo		
		outside corporete limit	s,	c. LENGTH OF STAY I	N 16	c. CITY OR T	II) NWO	f outside cor	porete limits, wr	te RURAL and	give n	eerest town	n)
	Catonsvi	give neerest town)		6yrlmthlod;	ys	Bradb	yry	Heigh	ts, Mary	land /	62	5-2	2
	d. NAME OF HOSPIT	AL OR INSTITUTION (f not in hosp	pilel, give street address)		d. STREET A	DDRESS					e. IS RE	SIDENCE FARM?
		GROVE STAT	E HO	SPITAL			5207		Street			YES 🗌	
3.	NAME OF DECEASED	First	-	Middle		Lest		4. DATE OF	Mon	th	Dey	Year	
	(Type or print)	Orvil		Edwin		recht	9.14	DEATE	H No	vember	24	. 19	61
5.	SEX	6. COLOR OR RACE	7. MARRIEI	NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In yeer	manufacture and a second	-	IF UNDER	
	male	white	WIDOWE		7	Oct. 2,	1900		last birthdey)	Months I	Deys	Hours	Mîn.
10e	. USUAL OCCUPATI	ON (Give kind of work	10b. KI	ND OF BUSINESS OR IN	IDUSTRY	11. BIRTHPLAC	E (Count	ty & State, o	r foreign country) 12. CITI	ZEN OF	WHAT C	OUNTRY?
do	ne during most of wor	rking life, even if retire 1ter	d)			Nor	cth I	Daketa		U.	S.	A.	
13.	FATHER'S NAME			- · + · · · · · · · · · · · · · ·	T	14. MOTHER'S	MAIDEN I	NAME					
	Edward All	orecht				Man	rgare	et T.	Fried				
	WAS DECEASED EVE	R IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17. II	FORMANT			Addre	SS			
(Y €	un.	yesgive weror detesofs		79-24-8227	Rec	ords: S	PRIN	G GR	OVE STA	TE HO	SPI	PAL	
	18. CAUSE OF D	EATH [Enter only one	ceuse per li	ne tor (e), (b), end (c).]								RVAL BET	
		H WAS CAUSED BY:	Pne	eumonia							ONS	SET AND D	EATH
	49.V	DUE TO		***************************************									
	Conditions, if eny	11.15											
۱	gave rise to immedia	ele cause			_	1107							
	(a), steting the un	nderlying DUE TO											
	cause lest.) (c)							animizini a		41 34 40	11/45 4	T CD CV
5	PART II. OTHER	SIGNIFICANT CONDI		TRIBUTING TO DEATH E		RELATED TO TH	E TERMIN	NAL DISEASE	CONDITION G	VEN IN PARI	1(e) 19	PERFO	RMED?
3		Fall Control		ington's Che				111111			Y	EYES !	XX CEU
CEKIE	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURED.	(Enter neture of it	njury in F	Pert I or Pert	II of item 18.)				
AL	20c. TIME OF INJU	RY Month, Dey, Yes	r 20d. l	NJURY OCCURRED 20		E OF INJURY (He			ty or town)	(Cou	nty)		(State)
ED	Hour a.m.		Whila et worl		tecto	ry, street, office b	ldg., etc.	.)					
Σ	p.m.	19				Oot I		1055	Morr	2), 106	ίη	. (1) (N
	21. I certify the	hat (h) (this hospit	al) attend	ded the deceased	trom	<u> </u>	1:1	15, 10	4X1X.X.a	£4, 19k	dda, Th	at (1) (we) last
	saw the deceas	ed alive on	10V.	24 19 61, and	that	death occure	d at	M, froi	m the causes	and on t	he da	10 219100	above.
	22e. SIGNATURE	Stella	Wo	clister	М.I	ATTENDING PHYS. X		AED. DIRECTOR [STAFF PHYS.	11-	-24-	/.	SIGNED
	22c. PHYSICIAN'S					22d. ADDRE	ess S	SPRING	ROVE	STATE	HO	SPITA	L
	NAME (Type)	STEELA	Wachs:	ler, M. D.			C	Catons	ville 28	. Mary	lan	1	
23	REMOVAL (Specify)	ON, 23b. DATE THEF		23c. NAME OF CEMI		R CREMATORY			Sation (City)	own or county			ate)
24		'S SIGNATURE	20	ADDRESS	1.1	2	25e. REC	'D BY REGI	STRAR 256. R	EGISTRAR'S	IGNAT	URE	
	IAMES T.	RYAN, INC.	Ling	angadoress Pa	P. AV	E. 5, 6,	DATE NO	V 2 7 '6	1 0	Wilhun S.	House	A	
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within 24 hours after filled in by the funeral Pages 1 and 2 should IO HIGHLAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 holds and death age 4 may be retained by the hospital or attending physician.

> TO FUMERAL DIRECTOR: After this certificate has been signed by the attending physician and complement filled in by the attending physician and complement filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please-remove carbon papers. Pages 1 and director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

			PARTMENT OF HEA	
DIVISION OF STAT	ISTICAL RESEARC	H AND RECORDS	, 301 W. PRESTON STREE	et, BALTIMORE 1, MARYLAND
16663				
ACE OF DEATH COUNTY	100m 2)0,	TITE SOUT	2. USUAL RESIDENCE (Where	decessed lived, If institutions Residence before b. COUNTY

e. COUNTY			e. STATE	CA (Whele deces	b. COUNT		oneo Boloro oo	111113313111
Balti	imore	MARYLAND	Mary	Land		ZI	1101014	2
	foutside corporete limits, give neerest town)	c. LENGTH OF STAY IN 16	e. CITY OR TOWN	(If outside corporete	limits, write F	URAL and giv	e neerest town	1)
	Howard	ll days	Balti	more				
	AL OR INSTITUTION (if not in he		d. STREET ADDRESS				e. IS RES	
Waterens	Administration	Woomitol	1 1505	Ambustus	A 710		YES T	FARM?
3. NAME OF	Administration		Last	Arbutus A		De	1 —	HO M
DECEASED	FIRST	Middle		OF	Month			
(Type or print)	HENRY	J	ALLEN	DEATH	Noven	ber l	9 196	ol
5. SEX	6. COLOR OR RACE 7. MARRI	ED X NEVER MARRIED	. DATE OF BIRTH	9. A	GE (In years I			
Male	white widow		January 5, 1		52 yrs.	Months Deys	Hours	Min.
10e. USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTR			ign country)	12. CITIZEN	OF WHAT CO	OUNTRY?
done during most of wor		Demodes	Durena 1	Torr Vowle		II C	Λ.	
	nt (Unemployed)	Repair	Buffalo, I			U.S	.A	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Joseph Al	llen		Pauline Br	rown				
15. WAS DECEASED EVE		. SOCIAL SECURITY NO. 17.			Address	1100		
Yes	yes give we ror detes of service) 2	16-07-9380 CI	inical Rec	VAH Belt	18 Ma	Ft. Ho	ward Di	37
The second secon	EATH [Enter only one couse per	line for (e), (b), end (c),	THE COL TICCS	THE DULL	3 20,140		MAIEKAWF DELA	AAEEIA
	WAS CAUSED BY:					(ONSET AND DE	
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geve rise to immedia	DILL TO							
(e), steting the un	derlying							
	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVE	N IN PART 1(e)	19. WAS AL	UTOPSY
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3	Bronchial A						YES L	ио 🔀
PART II. OTHER OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURED). (Enter neture of injury in	Part for Pert II of	item 18.)			
U (IF EITHER, NOTIFY	MEDICAL EXAMINER)							
20c. TIME OF INJUI	RY Month, Dey, Yeer 20d		ACE OF INJURY (Home, fe		town)	(County)	((Stete)
Hour e.m.	Whi	le Not While fac	tory, street, office bldg., et	c.)				
	17		Marramhan 8	42 67 . Was	rombon	10 .067	1 . 30) (
21. I certify th	nat XII (this hospital) atte	nded the deceased from.	Movember o	19.61 to NO	xemper	19.01	, that (1)	we) last
saw the deceas	ed alive on November	19 19 01 and the	death occured at	M, from th	e causes a	nd on the	date stated	above
220. SIGNATURE	0 11.11	2 /	ATTENDING	MED.	STAFF		22b.	DATE
100	whom HI	abuto /s	PHYS.		PHYS.			0,0,120
22c. MYSICIAN'S	ord to the		22d. ADDRESS					
NAME (TYPE)	OWLAND H ROBERT	SON, JR	VAH BAL	ro 18, MD	., FT F	IOWARD :	DIVISI	M
1	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATIO				ete)
REMOVAL (Specify)				Washi	ngton I	31vd &	Dorsey	Rd
Burial	11/24/61	Meadow Ridge	Memorial Par	rk Balti	more. I	<u>larvlan</u>	ld	
24 FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		EC'D BY REGISTRA				
Stanchury F	uneral Home 6117	1 Windsor Mill	Rd DATEN	OV 2 2 '61	Chill	wy S. The	us	
Degresour A t	uneral Home 641	Balto	Md					

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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where daceased lived, If Institution: Residence before edmission) 1. PLACE OF DEATH elay is necessary, eral director. Page ed for your files. a. COUNTY a. STATE b. COUNTY Baltimore MARYLAND 711111 b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest Jown) Baunesvi Daunesvi Board d. NAME OF GOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS in pencil in Item 18. Give Pages 1, 2, and 3 to life—sore Office along with form PM3. Page 5 may be retained purial-transit permit. File pages 1 and 2 with the State Boval, and in any event within 72 hours after death. 3. NAME OF Middle Month DECEASED (Type or print) uoene DEATH This certificate should be executed within 24 hours after death. 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | 8. DATE OF BIRTH lest birthdey) Months male WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-fransit permit, File pages 1 an done during most of working life, even if retired) Jureman 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 1earge 15. WAS DECEASED BYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yas giva we ror detas of servica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which (b) ease Execute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's C FUNERAL DIRECTOR: Page 3 should be used as a temporary. geve rise to immediate cause DUF TO (a), stating the underlying 6 cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION 20b. DESCRIBE HOW INJURY OCCURED. (Enler natura of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY IT or CONTRIBUTING IT burial, MEDICAL EXAMINER: CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) tactory, streat, office bldg., atc.) Hour a.m. While Not While prior to at work at work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection . Inquiry agent, death resulted from: Natural causes Accident Suicide [Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER M.D. SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Typa) Addrass (Streat, city, town, or county) please 4 shou TO FUN 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) TO DI REMOVAL (Spacify) ö REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Hartord Rd. DATNOV 1 4 '61 arthur S. Krous 5M 7/59

a. IS RESIDENCE ON A FARM

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INTERVAL BETWEEN ONSET AND DEATH

19. WAS AUTOPSY

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DATE SIGNED

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	MARYLAND STATE D	EPARTMENT OF	F HEALTH	
DIVISION OF STATISTICA	L RESEARCH AND RECORDS	5, 301 W. PRESTON	STREET, BALTIMOR	E 1, MARYLAND
12231	CERTIFICAT	E OF DEATH		12217
	Item 13 Film C3	00 11/10/61	mlo	

1. PLACE OF DEAT	'H				titution: Residence before edmission)
e. COUNTY	Baltimore	MARYLAND	a. STATE Maryla	and b. COUNTY	Harford
h CITY OF TOWN	(if outside corporate limit				URAL end give neerest town)
write RURAL en	d give neerest town)	s, c. LENGIN OF STAT IN 10	c. CITT OK TOWIN (III outs	ide corporeie iliilis, wille k	OKAL BING GIVE HOUSE IOWIN
Catonsvi		lyr5mth18dys		Maryland	12 X 2
d. NAME OF HOSP	PITAL OR INSTITUTION (i	f not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
SPRING G	ROVE STATE	HOSPITAL	R. F. D. Box	116	YES NO
3. NAME OF	First	Middle		DATE Month	Day Yeer
DECEASED				OF NOW	70 1067
(Type or print)	Lena		Arnat	NOV.	2 1961
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers IF	UNDER 1 YEAR IF UNDER 24 HRS.
female	white	WIDOWED DIVORCED	Feb. 7, 1892	69 yrs.	nonths Deys Hours Min.
10e. USUAL OCCUPA	TION (Give kind of work	106, KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
	rorking life, even if retire	3)			
house	ewlie		West Virg		U. S. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAM		
	Unknown		Ida Leepe	r	
			NFORMANT	Address	
4	(If yes give war or dates of se			ODOTES CIRACE	
unknown			cords: SPRING	GROVE STAT	The state of the s
		ceuse per line for (e), (b), end (c).]		10 L	ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (*)	Dossibly apperale	zed infection	. (Deste cesso	ea)
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111	DUE TO	mal + T		delanger	
Conditions, if en		mae necession, po	or organic	affenses	
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cause lest.	(c)	Spreadernfell	on of decubite	is sears and	Liberta
Z PART II. OTH	ER SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL I	SEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
PART II. OTH OLIV OLIV OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING		Oto A	d this allo		PERFORMED?
5		0	ed arteriocle	recurs	YES NO
OR CONTRIBUTING	YAS UNDERLYING [206. DESCRIBE HOW INJURY OCCUR	. (Enter neture of injury in Pert I	or Part II of item 18.)	
U (IF EITHER, NOTIF					
	I MEDICAL CAMMITTEN	E A SECULIA DE LA CASA DEL CASA DE LA CASA D			
20c. TIME OF INJ				Of. (City or town)	(County) (State)
20c. TIME OF INJ	URY Month, Dey, Yes	While Not While fact	CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
Hour a.m.	URY Month, Dey, Yes	While Not While fact et work et work	ory, street, office bldg., etc.)		
21. I certify	URY Month, Day, Yes	While Not While fact et work attended the deceased from	ory, street, office bldg., etc.) March. 10, 19.6	00 to nov 2	19.61, that (X) (we) last
21. I certify	URY Month, Day, Yes	While Not While fact et work attended the deceased from	ory, street, office bldg., etc.) March. 10, 19.6	00 to nov 2	19.61, that (X) (we) last
21. I certify saw the decea	URY Month, Dey, Yes 19 that (** (this hospit ased alive on	While Not While fact et work et work	ory, street, office bldg., etc.) March. 10, 19.6	00 to nov 2	19.61, that (x) (we) last and on the date stated above.
21. I certify	URY Month, Dey, Yes 19 that (** (this hospit ased alive on	While Not While fact et work attended the deceased from		to Nov 22	19.61, that (X) (we) last
21. I certify saw the decea	that (% (this hospit ased alive on	while Not While et work		to Nov 22	19.61, that (X) (we) last and on the date stated above.
21. I certify saw the deces	that (K (this hospit assed alive on	while Not While et work	March 10, 19.6 death occured at 5	to Nov. 22 Virom the causes at STAFF TOR PHYS.	19.61, that (X) (we) last and on the date stated above.
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filled in by the funeral Pages 1 and 2 should within 24 hours after 72 hours after OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute TO HOPETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death. Be 4 may be retained by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carboprage be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12232 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
12allo MARYLAND	manyland b. countalto
b. CITY OR TOWN (if outside corporate limits,	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
write RURAL end give neerest town (Ruel) 147	XUphered Rural
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give steet address)	d. STREM ADURESS e. IS RESIDENCE
	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) WILL FAM - H - AF	RNOLD OF WORTH WW 18 19 5/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
M WIDOWED DIVORCED DIVORCED	Sept-1-1916 4st biothday) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	Y 1. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? WEAL
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herschel amuld	Euma Barnes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 (Yes, no. or unknown) (Ifyes give were or dates of service)	NFORMANT Address
yes WW #2 = 216-03-2343	- Mrs way Ceruald, Upperad Mid
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Throndoses ONSET AND DEATH
4/2 0.1 DUE TO 0 1	0
(Prterio Scho	un frammigsuid yen.
Conditions, if any, which gave rise to immediate cause	
(e), stating the underlying DUE TO	
ceuse last. (c)	TO A STORY OF THE
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
S	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF (IF ETHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Pert I or Pert II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, ' 20f. (City or town) (County) (State)
at work at work	ory, street, office bldg., etc.)
	July 1960 to 11-18 100/ that (1) (wa) last
21. I certify that (I) (this hospital) attended the deceased from.	2 L
saw the deceased alive on	death occured of
220. SIGNATURE . C. Cortifued	ATTENDING MED. STAFF SIGNED DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type) M. C. Porterfield	22d. ADDRESS terry terl, m
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial nov 21-61 Trento	u Ballo Co mid
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
TIPTON-ELINE - Hampstead	Med DAIDY 21 '61 Certing S. King

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution a. STATE b. COUNTY RATUTIONER MARYLAND Maryland

	1. PLACE	OF DEATH			2. USUAL RESIDEN	CE (Where dece	ased lived, If ins	titution: Resident	e before admission)
	e. COUN	ALTIMORE		MARYLAND	a. STATE Maryl	and	b. COUNTY		
	b. CITY	OR OWN (if outside corporete limit	ts, c. LENGT	H OF STAY IN 16	c. CITY OR TOWN (ite limits, write R	URAL and give r	neerest town)
	write	side side second	2 00					WA 1	-41
	d NAM	LE OF HOSPITAL OR INSTITUTION (days	Balti	more		- 0 1	. IS RESIDENCE
1	u. INAM	LE OF HOSPITAL OR MS MICHON (i noi in nospiiai, give si	iteel addless)	d. STREET ADDRESS				ON A FARM?
0	V	eterans Administr	ration Hosp	ital	3408	Forest :	Park Ave	mue	YES NO
	3. NAME DECEA	OF First	-	Middle	Last	4. DATE OF	Month	Dey	Yeer
	(Type or	(tales)	TAMIN B	ARTON	BAKER	DEATH	Novem	ber 11	1961
	5. SEX		7. MARRIED X NEVER		DATE OF BIRTH	9.	AGE (In yeers IF	UNDER TYEAR	IF UNDER 24 HRS.
	2//				ugust 13, 18	201	est birthdey) N	Nonths Deys	Hours Min.
	Ma 10a. USUA	Le White			Y 11. BIRTHPLACE (Coun			1 12. CITIZEN O	F WHAT COUNTRY
		g most of working life, even if retire	d)						
	At	torney	self emp	loyed	Baltimore	Maryl	and	USA	
	13. FATHER	K-2 NAME			14. MOTHER'S MAIDEN	NAME			
		bias Baker			Sarah	Ades			
	15. WAS D	ECEASED EVER IN U.S. ARMED FOR unknown) (If yes give wer or detes of s	CES? 16. SOCIAL SEC	CURITY NO. 17. I	NFORMANT Clini	cal Rec	ords VA	H. BALT	IMORE, MD
	Ye			ਸਾਸ	HOWARD DIVI		,		
		AUSE OF DEATH [Enter only one		b), end (c).j					ERVAL BETWEEN
	P	ART I. DEATH WAS CAUSED BY:	BRONCHO PN	EUMONTA E	UE TO PROTE	JS AND C	OLIFORM	ORGANIS	MS TO STATE
	1	IMMEDIATE CAUSE (e)			20 1100 123				
		TTT X DUE TO							
		ions, if any, which (b)							
		eting the underlying DUE TO							
	ceuse	lost. (c)							
	Z PA	RT II. OTHER SIGNIFICANT CONDI						IN PART I(e) 1	9. WAS AUTOPSY PERFORMED?
>	EN EN	CEPHALITIS LETHA	RGICA CHRON			PARKINSO			YES NO TE
	EN EN CERTIFICATION OR CO	CODERT WAS UNDERLYING D	206. DESCRIBE HOW	THINKY OCCURED	OS TEOARTHRI	Parl or Pert It o	f item 18.)		
	OR CO	NTRIBUTING CAUSE OF DEATH							
		IME OF INJURY Month, Dev. Ye	er 20d. INJURY OCC	CHINDED I GO- DIA	CE OF INJURY (Home, fern	n, ' 20f. (City o	n Annual	(County)	(State)
	0	Hour a.m.	WhileNot W		ory, street, office bldg., etc		r IOWII)	(County)	(21010)
	_	p.m. 19	at work at wo			i			
	21.	certify that XI (this hospit	tal) attended the c	deceased from.	october 12	1961, to N	ovember	1,101,1	hat 🐴) (we) las
	saw t	he deceased alive oNove;	mber 11 196	1 and that	death occured at5.	15AMrom	he causes ar	d on the da	ate stated above
		SIGNATURE /							22b. DATE
		(Into	rulee_	_ M.	011110	MED.	STAFF PHYS.	77/7	1/67 SIGNED
1	22c. P	HYSICIAN'S	10-	M	22d. ADDRESS			11/1	1,01
1		C. M. SNYD	ER. M.D.		VAH, BALTO). MD	FT HOWA	RD DIVI	SION
1				ME OF CEMETERY			IOM (City, town		/Ct-LA
4		AL (Specify)	1 14 .	DI CEMETER	O D	23d. LOCAT	11 - 17	or county)	mil
	Bur	ial //-/2-6	,,-00	w / fe	ron		Jaku		1100
	24 FUNERA	AL DIRECTOR'S SIGNATURE	ADD	DRESS U	25e. REG	C'D BY REGISTR.		trar's signation	
9.	Jack	Lewis, Inc. 210	O Eutaw Pla	ce Balto	Md. DATE N	OV 1 4 '61	- Calvi	wer s. I was	

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MA MA	ARYLAND STATE DEPARTMENT OF REALTH	
DIVISION OF STATISTICAL RE	SEARCH AND RECORDS, 301 W. PRESTON STREET, BAI	LTIMORE 1, MARYLAND
10000	CERTIFICATE OF DEATH	

12236 It	CERTIFICATI	2 12/13/61	1.0	122	222
1. PLACE OF DEATH a. COUNTY			E (Where dacased livad, If i		ince bafore admission)
Baltimore	MARYLAND	a. STATE Maryland	В. СООН	Battim	000
b. CITY OR TOWN (if outside corporata limits, write RURAL and give naarast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outsida corporate limits, writa	RURAL and give	nearast town)
Fort Howard	7 Days	X Baltimore	22, Maryland		
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, giva street addrass)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Veterans Administratton H	ospital	7518 Carr	oll Avenue		YES NO
3. NAME OF (Served as NEISON	Middla B	ARTELL'S	4. DATE Month	Da	y Year
(Typa or print) NELSON		BARTELL	DEATH Novem		0 19 61
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED 8	B. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days	
Male White widow	ED DIVORCED	July 16,1891	70 yrs.	Months Days	nours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. ! dona during most of working life, evan if ratirad)	CIND OF BUSINESS OR INDUST		y & Stata, or foreign country)	12. CITIZEN	OF WHAT COUNTRY
	1 Company	Canton, Mary	land	U. S	. A.
13. FATHER'S NAME	- composition	14. MOTHER'S MAIDEN	NAME		
Jacob Bartell		Mamie Clar	k		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	Address	. 20 2	٥٦
Yes, no, or unkown) (Ifyes give war or dates of sarvica) Yes WW I	4-01-4388 Cli	nical Records	, VAH, Baltimon	re 10, N	arytand
18. CAUSE OF DEATH [Enter only one cause per	line for (a), (b), and (c).]			111	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ADENCE	CARCINOMA OF P	ANCREAS WITH	METASTASES TO	LIVER	STORY AND BEATIN
1001		CAPSULE OF BE			UNKNOWN
	ERAL LOBAR PNE				2 DAYS +
gave rise to immediate cause	ENGIT TOTAL THE	1011011111			
(a), stating the underlying cause last.					
	NTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
ATIC	The Action is				YES NO
	SCRIBE HOW INJURY OCCURE	D. (Enter natura of injury in F	Part I or Part II of itam 18.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
ZOc. TIME OF INJURY Month, Day, Year 20d.		ACE OF INJURY (Home, farm		(County)	(Stata)
OC. TIME OF INJURY Month, Day, Year 20d White Hour a.m. White last way 20d all was 20d with the control of the	e TAOL ANDIE	tory, streat, office bldg., atc.)		
		11/23/61	1961 to 11/30/6	1 10	that 1(1) (we) las
21. I certify that (1 (this hospital) atters as the deceased alive on December	1067 ne deceased from.	C			
	-// - /199, and tha	death occured at.p.	M, Iron the causes	and on me	22b. DATE
22a. SIGNATURE	mo.	DUIVE D	IRECTOR PHYS.		12/19NE
22. PHYSICIAN'S	,	A.D. PHIS. 22d. ADDRESS	INCOLOR THE INTE		24,2,0
NAME (Type)		VAH BALTO	18,MD.,FT.HOW	ARD DTV	TSTON
SEBASTIAN RUSSO, M.D. 238. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMELERY		23d. LOCATION (City, to		(Stata)
REMOVAL (Spacify)	Garden of * He	th	Baltimore Co		
	ADDRESS		'D BY REGISTRAR 25b. REG		
24 FUNDAN PIREGIONS SIGNATURE WORLD		2 1 1 1 1 1 1	DEC 4 '61		
Philip Herwig & Sons /2024	Orleans St. Bal	to.Md. DATE	DEU 4 011	Orthon S.	Hours

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CERTIFICATE OF DEATH within 24 hours after

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Ttom 6 kil m	6500 10/	O L LWA			
1. PLACE OF DEATH a. COUNTY			livad, If institution: Resider	nca bafore admission)	
BATTIMORE MARYLAND	a. STATE b. COUNTY MARYLAND BALTIMORE				
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
writa RURAL and giva nearast town)	V				
WOODBROOK 50 yrs.		DBROOK		1 IC DECIDENCE	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat eddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?	
(died at his residence)	7208 Be	llona Ave.		YES NO XX	
3. NAME OF First Middle	Last	4. DATE	Month Day	y Year	
DECEASED (Typa or print)		OF DEATH	T 7 O	0 10 (7	
JOHN KEMP	BARTLETT Jr.	1	November 20		
5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8.	DATE OF BIRTH		(In years IF UNDER 1 YEAR irthday) Months Deys	Hours Min.	
MATE WHITE WIDOWED DIVORCED	Nov-2-1890	71	yrs.	7,000	
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cou	nty & State, or foreign	country) 12. CITIZEN	OF WHAT COUNTRY?	
done during most of working life, even if retired)	Do7+4		TT	C	
LAWYER LAW	Baltimon		1 0.	. S.	
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME			
J. KEMP BARTLETT	MARY DI	MOM			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT		Addrass		
(Yas, no, or unkown) (Ifyesgivewarordatesofservice)	D4744	7 3 () 1			
yes WW-1 216-14-5374 J. K	empBartlett	3ravocke		TERVAL BETWEEN	
PART I, DEATH WAS CAUSED BY:	6-0- 000	-0.0	O	NSET AND DEATH	
IMMEDIATE CAUSE (a)	rate co	religion,		2 -36475.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 443 Conditions, if any, which (b) Infight 25 few Serves (c)		-11	N.	Sano 200	
Conditions, if any, which > (b) lafe of 24 fee Live	2 (Of ale	vascus	35002C 52	95000	
gave rise to immediata cause t				100	
(a), stating the underlying DUE TO			PAGE TO THE	, 5,0,	
causa last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	NAL DISEASE CONDI	SION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?	
П				YES TO NO TO	
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED.	(Entar nature of injury in	Part I or Part II of item	n 18.)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	CE OF INJURY (Home, far		(County)	(Slata)	
Hour a.m. Whila Not Whila facts	ory, street, office bldg., et	c.)	De An	s,D.B.Kou	
	7	• • • • • • • • • • • • • • • • • • • •			
21. I certify that (I) (this hospital) attended the deceased from.	400 66		7.00.29, 19.60%	7.2	
saw the deceased alive on	death occured at 2		causes and on the	date stated above.	
22a. SIGNATURE DO bu T. Kenp	ATTENDING	MED STA	FF •	SIGNED	
Market Ma	.0.	DIRECTOR PHY	s. 1 Lou-	3061	
22c. PHYSICIAN'S	22d. ADDRESS				
NAME (Type) John T. King, M.D.	1210 Euta	w Place, Ba	ltimore 17,	Maryland.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town or county)	(State)	
REMOVAL (Specify)					
burial Dec-1-1961 Druid Ri			ille, Baltim		
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS			25b. REGISTRAR'S SIGN		
Stewart & Mowen Co., 108-W-North-Av, Bal	to 1 DATE	DEC 1 '61	anthun S. H	Nation	
TO THE TOTAL OF TH					

death, by 4 may be retained by the hospital or attending physician.

FO FUNCARL DIRECTOR. After this certificate has been signed by the attending physician and completery filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within Ng hours after death. OR AITENDING PHYSICIAN: The law requires that the death certificate be executed TO HOSPITAL 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and c. LENGTH OF STAY IN 16 in by s 1 and write RURAL and give nearest town) 22 days Baltimore - 21 hours after Fort Howard Pages lled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X Lot 120 Cedar Beach Veterans Administration Hospital 3. NAME OF 4. DATE Dev Yeer Month 72 complet DECEASED OF DEATH (Type or print) 19 61 November within and con IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR B. DATE OF BIRTH last birthdey) Months WIDOWED June 15. Male White physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? please remove dona during most of working life, even if refired) Custodian Balto. Co. Schools U.S.A. Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 2 attending and Anna Margaret Fresterman (ANT Clinical Records Address Charles Bauer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIAL SECURITY NO. | 17. INFORMANT VAH. 3900 Loch removal, (Yes, no, or unkown) | (If yes give wer or detes of service) Raven Blvd. Balto 18. Md-FORT HOWARD DIVISION Yes WW-11 212-10-1107 1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).] DIRECTOR: After this certificate has been signed by the the burial-transit permit. ONSET AND DEATH PART I. DEATH WAS CAUSED BY: INFARCTION OF MYOCARDIUM 3 weeks IMMEDIATE CAUSE (e) DUE TO ARTERIOSCIEROTIC HEART DISEASE Unknown Conditions, if any, which geve rise to immediate cause DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION PERFORMED? as NO use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached for (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 8 19.61., and that death occured at.A.M., from the causes and on the date stated above. saw the deceased alive on...Nov. 22b. DATE 22a. SIGNATURI SIGNED ATTENDING 11/5/61 DIRECTOR PHYS. X PHYS. 22d. ADDRESS 3900 Loch Raven Blvd. 22c. PHYSICIAN'S NAME (Type) Baltimore, Md. FORT HOWARD DIVISION DONALD W. STEWART, M.D. (State) 23d. LOCATION (City, town or county) 23e. BURIAL, CREMATION, | 23b. 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) S dig Oaklawn Cemetery Baltimore Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 761 writing & Thrusa 15M 9/60 Zeiler Fineral Home Balto. Maryland

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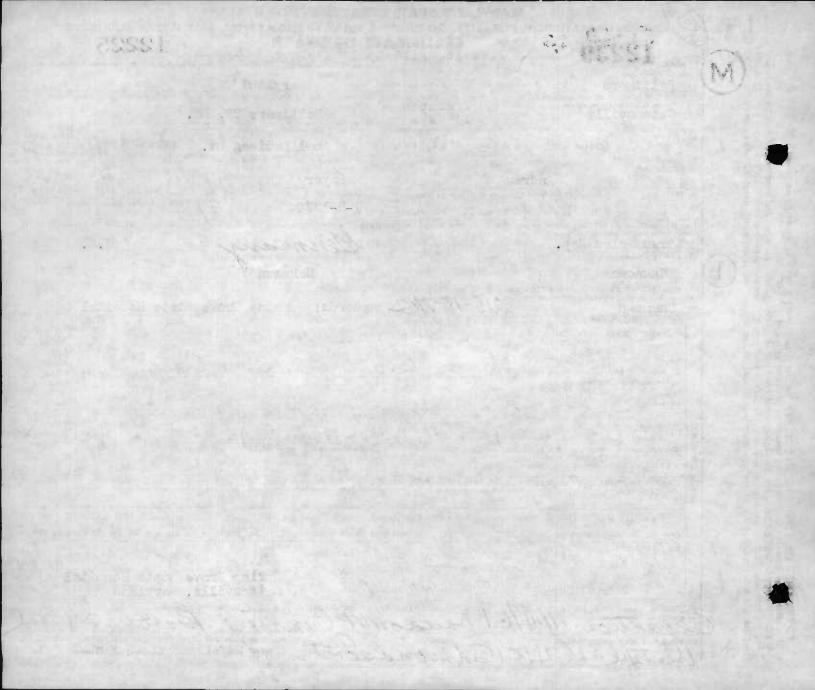
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1	4	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
9 -	-	CERTIFICATE OF DEATH 12225
urs afte le funera 2 shoult	(M	1. PLACE OF DEATH e. COUNTY Baltimore Lem 1c, Film G301 1120 1 1 where decessed lived, If institution: Residence before edmission e. STATE b. COUNTY Maryland
by the		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
in 2		Catonsville 13 days Baltimore 29, Md. A NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE
S. Pag	Sinour I	Trying GROVE STATE Hospital 601 Denison St. 31014 YES NO D
plets	4/	3. NAME OF DECEASED (Type or print) Andrew A
con con libin		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS.
te be	`	M WIDOWED X DIVORCED 1-4-1870 G yrs. Months Deys Hours Min.
fifical siciar nove	D D	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. DIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY
cer phy rel		Retired Sales Rep. U.S.
+ O1 10		Unknown
the atter	TO NOT THE PARTY OF THE PARTY O	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (Ifyesgive weror detes of service)
that The	e e e e e e e e e e e e e e e e e e e	Unknown 2/5-/8-//02 Records: Spring Grove State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]
ysicial bd by perm	5	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Brondial Tacus a ONSET AND DEATH OLDER
v req g ph signe ansit	5	Conditions, if ony, which) (b) Charac Carolin - carolin Disease unless to
ndin ndin seen ial-tr	5	gave rise to immediate cause
The atternation at the last burning burning at the last burning at	D	(e), steting the underlying DUE TO
AN:	3	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Spita Hifican	5 1	
PHYS the ho his cer l for us		VES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I of Pert II of item 1B.)
DING ned by After etache	5	20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Hour e.m.
TEN OR:	5	21. I certify that (I) (this hospital) attended the deceased from
AT DE	<u> </u>	saw the deceased alive on
OR may DIRI		226-SIGNATURE ATTENDING MED. STAFF SIGNATURE PHYS. DIRECTOR PHYS.
PATAL Page page		PHYS. DIRECTOR PHYS. ADDRESS Spring Grove State Hospital 22c. PHYSICIAN'S NAME (Type) FITTRUINE J. FLEISCHMANN Catonsville, Maryland
HOS ath. FUNE		236. BURIAL, CREMATION, 236. DATE HEREO 1 236 NAME OF CEMETERY OR ENEMATORY 23d. LOCATION (SA) town or county) (State)
Con Cip 4	0 6	24 FUNERAL DIRECTOR'S SIGNATURE C'ADDRESS DA 2 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A15 (4 15M 9/60	, af	With A HOLES DATE NOW 1 4 '61 auch S. King
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ath age 4 may be retained by the hospital or attending physician.	FUNCEAL DIRECTOR: After this certificate has been signed by the attending physician and complemy filled in by the funeral	3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	
968	RAI	page	with	
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ath	FU	ecto	file	

VR A1S (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1226

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Whare daceasad lived, If institution: Residence before admission)
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Carney 34	Carney
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
9401 Old Harford Road	9401 Old Harford Road YES NO 3
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) Joseph S. Bechtel	DEATH 11 21 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED X DIVORCED	3- 3- 1881 80 yrs. Monins Days Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	2Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Marine Engeneer	Phila. Penna. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Betchel	Deborah Smallwood
	INFORMANT Address
(Yes, no, or unkown) (Ifyes give war or dates of service)	Charles Bechtel 414 Milford Road (8)
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN
	ONICCT AND DEATH
IMMEDIATE CAUSE (e)	Intestind Hemenhage
DUE TO DUE TO	C000 C
Conditions, if any, which (b) Cellerille	n Cell Farcomn.
gave rise to immediate cause (e), stating the underlying DUE TO	
cause lest. (c)	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PERFORMED? YES NO [2]
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED). (Enter neture of injury in Pert I or Part II of item 18.)
OP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Hour a.m. While Not While fac	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
p.m. 19 at work et work	
21. I certify that (I) (this hospital) attended the deceased from.	11 30 , to 1, to 1961, that (I) (we) last
saw the deceased alive on	death occured A. from the causes and on the date stated above
228- SIGNATURE	ATTENDING MED. STAFF 22H DATE
Dhalaw Mullish	A.D. PHYS. DIRECTOR PHYS. 11/23/6/
TIG PHYSICIAN'S	22d. ADDRESS
MAN NOW DW. MINTZER	SONY EVERUREEN AVE. BILLERY
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) Burial 11-2411961 Parkwood Cen	netery Baltimore Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	netery Baltimore Maryland
P et et	N 7 104
Lassahn Furnal Home 7401 Belan R	DAMEON 27'61 (31'4) & King

desert of tooks Philan. Benny. (B) From the Colon hards were in which car are LOWNER THE SECTION OF Lacons of 1122 make Tip SHOULD THE PROPERTY OF THE PARTY OF THE PART of which was a state of the war was a sure of the

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please executed within 24 haurs after death. If any delay is necessary, please executed withing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune; prector. Page 4 shauld be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for you ses. TO FUNEAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, are remarked.
544 0/55

		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
1	2241	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Re

• COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE	(Where deceased live	b. COUNTY Ball	nce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give secret town)	c. LENGTH OF STAY IN 16		(If outside corporate Lawn	limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos 2647 ".ost Par's Drive	pital, give street address)	d. STREET ADDRESS	st Park D	cive	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print) William Fra	nklin becker	Last	4. DATE OF DEATH	Month None 22	,1961 Year
SEX 16. COLOR OR RACE 7. MARRIE WIDOWEL	2R 4R	June 19,1	912	E (In years IF UNDER Months I	TYEAR IF UNDER 24 HR: Days Hours Min.
o. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, every if retired)	lind of Business or Industri	1 12	te or foreign country	12. CITIZ	ZEN OF WHAT COUNTS
FATHER'S NAME Bee	ker	14. MOTHER'S MAIDEN	NAME 9		
. WAS BECEASED EVER IN U. S. ARMED FORCES? 16. 16. 16. 16. 16. 16. 16. 16. 16. 16.	SOCIAL SECURITY NO. 19. IN	Kuslle	M. Bas	Le Mes	+ Parler
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. (c)	Coronary				ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CO Sept. 51 had resection	n or stomach a	ue to ulcer	non mali	gnant	1(a) 19. WAS AUTOPS: PERFORMED? YES NO
20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	HOW INJURY OCCURRED. (Er	iter noture of injury in P	ort I or Part II of item	n 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. II Hour a. m. While p. m. 19 of wor	- Not while facto	E OF INJURY (Home, for ry, street, office bldg., e	rm, 20f. (City or tov	vn) (Cou	nty) (State
21. I certify that I took charge of the redeath resulted fram: Natural causes ACTUAL SIGNATURE EXAMINER'S Geo.s.M. Kieffer NAME (Type)	Accident , Suice	ide, Hamicio	de, Undete	tian Inquiry rmined cause	DATE SIGNED Nov.22,1
REMOVAL (Specify) New v5 1961	Markly on C	e metery	Bell	City, town, or county)	(Stote)
PUNE 9. PACKAL & Sun	ADDRESS Bults in	MA. DATE	NOV 2 7 '61	24b. REGISTRAR'S SIGI	

THE RESERVE OF THE PARTY OF THE NOT THE REPORT OF THE PROPERTY District of the second second

CERTIFICATE OF DEATH funeral USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 24 hours after Film G302 1. PLACE OF DEATH e. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporete limits, c. LENGT TOF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Catonsville davs Baltimore filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE 3212 Strickland Street SPRING GROVE STATE HOSPITAL ON A FARM YES NO 3. NAME OF Middle 4. DATE Dey DECEASED comple (Type or print) Bertha Mae Belt. DEATH November 23 196] carbon SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. and last birthdey) Months Hours Days Dec. 12, 1891 female white WIDOWED X DIVORCED physician 10e. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Maryland housewife Attendant Bath Com. Balto. City 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please attending Nickolus Kemp Olita Hunter 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 211-10-5836 Reocrds: Then Address (Yes, no, or unkown) | (If yes give wer or dates of service) HOSPITAL physician. unknown SPRING GROVE permit. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN has been signed by ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a lumerulo nephritis burial-transit aftending Conditions, if env. geva rise to immadiate cause (e), steting the undarlying ceuse last. the PHYSICIAN: the hospital or Ö After this certificate PART II. OTHER SIGNIFICANT CONDITIONS HOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY Ses PERFORMED? NO P esn 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DIRECTOR: After this ATTENDING be retained by 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (State) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m. Dept. 21. I certify that (1) (this hospital) attended the deceased from NOV. 9, 19.61 to N. 2.3..., 19.61, that (1) (we) last 61.19.61..., and that death occured at 250.1M, from the causes and on the date stated above saw the deceased alive on....... 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. ERAL 22c. PHYSICIAN'S 22d. ADDRESS Catonsville 28, Maryland Ho death TO T 23e, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) ÷ 2 Baltimore, Maryland Burial Nov. 27, 1961 Western 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25e. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Burgee Funeral Home 3631 Falls Road, Baltimore NOV 2 Circhur S. Thomas 1SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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12243 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

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	Reg. Dist. Non Co
1. PLACE OF DEATH a. COUNTY BALTIMORE - 19 - MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SPARROWS OINT 17 MO-	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION RIO. BOX 391:	d. STREET ADDRESS ON A FARM? YES NOTE:
NAME OF Wladyslaw First BIALOS KOF	RSK Last A. DATE Manth Day Year OF DEATH NOV - 14 - 1961
Male white WIDOWED DIVORCED .	8. DATE OF BIRTH APRIL -19-1877 9. AGE (In years lost birth-lay) 8 yrs. Wonths Doys Hours Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Tailor	11. BIRTHPLACE (Stole or foreign country) POLAND. 12. CITIZEN OF WHAT COUNTRY U.S.A.
3. FATHER'S NAME UNKNOWN	14. MOTHER'S MAIDEN NAME UNKNOWN
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 18. NO. Deputing on the second services 215.07.0045	WANDA MACKIE ASIN #1.
Canditions, if any, which gave rise to immediate couse (o), stating the underly lying cause lost. DUE TO MYOCARD DUE TO PUMONAR	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO. (Enter noture of injury in Port I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY IHome, farm. 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from OCT 1.5 alive an Nove 14 , 19 6 1 and that death ACTUAL SIGNATURE DUIS N. TOLLIN PHYSICIAN'S NAME (Type) LOUIS N. TOLLIN	accurred at 830 P.M. from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SYCNEY ADDRESS (Street, city or town, state) Baltimore -19 - Nid.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR HOLY Redeem	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

I SEL MARKI AND STATE DEPARTMENT OF HEALTH-LASTING IL THE SA LABORAGE WIND SURFACE OF A STREET AS A STREET Denimination of the last of the second of th AND DESCRIPTION 5. 65 TO 180 AND 1841 SUFF PARTIES IN 1950

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

(9) 1. CERTIFICATE OF DEATH 12244 11.2 VIGUAL RESIDENCE (Where decreased lived if institution, Residence before admission)

a. COUNTY			a. STATE	b. COI	INTY		
Baltimore MARYLAND			Maryland				
	OWN (if outside corporate limits, AL end giva nearast town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest low					
Fort Howard 2 Days			Baltimore 31			VO1.4	
d. NAME OF	HOSPITAL OR INSTITUTION (if not in	hospital, give streel address)	d. STREET ADDRESS	S		e. IS RESIDENCE ON A FARM?	
Veterans	Administration H	ospital	2018 Orlean	s Street		YES NO	
3. NAME OF	First	Middle	Last	4. DATE Moi	ith C	Day Year	
(Type or print)	GITADITIO		T C C TTTM (A N	OF DEATH N	2	0 19 61	
5. SEX	CHARLES		BIGGERMAN B. DATE OF BIRTH	Novemb	oer 30	01	
	V. COLOR OR RACE 7. MAR	RIED NEVER MARRIED		last birthday	Months Day		
Male	1111111111	WED DIVORCED	August 11,				
	CUPATION (Give kind of work t of working life, even if retired)	. KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Co	unty & State, or foreign countr	y) 12. CITIZEI	N OF WHAT COUNTRY?	
Receivin	g Clerk & buyer	Cannerv	Baltimor	e, Maryland	U	. S. A.	
13. FATHER'S NA			14. MOTHER'S MAIDE				
John & E	Biggerman		Anna Schueh	lein'			
	SED EVER IN U.S. ARMED FORCES? wn) (Ifyes give war or dates of service)		INFORMANT	Addre TIAIT - E.		26	
Yes	WW I	212-07-8992	TINICAL Reco	rds, VAH, Baltin	lore 10,	Maryland	
	OF DEATH [Enter only one cause p	T.	ort Howard D	ivision	1	INTERVAL BETWEEN	
	DEATH WAS CAUSED BY					ONSET AND DEATH	
1 1	IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE						
1	7-3-4-1 XXXX						
Conditions,	Conditions, if any, which (b) BRONCHOPNEUMONIA						
	gave rise to immediate cause						
(a), stating cause last.	(a)) storing into wheeling						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART						
OF A	The second of th					PERFORMED?	
A	BDOMINAL ANEURYSM	DESCRIPTION OF STREET	N 45 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- D- A I D- A II - ('h 10)		YES NO X	
OR CONTRIB	ENT WAS UNDERLYING [] 206. I UTING [] CAUSE OF DEATH NOTIFY MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURED). (Enter neture of injury I	n ran lor ran llot itam is.			
ZOc. TIME C	OF INJURY Month, Day, Year 20		ACE OF INJURY (Homa, fa		(County	(State)	
20c. TIME C		THIS THE PARTY OF	tory, street, office bldg., e	tc.)			
	p.m. 17	work at work	- 0		(
21. I cert	tify that ((this hospital) at	rended the deceased from.	November 25	191, to November	x30 19.6.	L that (X (we) last	
saw the c	deceased alive on November	er 30 ₁₉ 61 , and tha	t death occured at.,	AM, from the cause	s and on the	date stated above.	
22a. SIGNA	ATURE					22b. DAIL	
(Ls	h. 12 /melyent	mn	ATTENDING PHYS.	MED. STAFF PHYS.	d	11/3076	
22c. PHYSIC	CIAN'S	,,,,		AH, Baltimore	18. Mar	vland	
NAME.	(Tune)	ing Chief, Medic					
	REMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City,		(State)	
REMOVAL (S	Specify)	Saint Matthew	c Cemetery	Baltimore C	ounty.	Maryland	
Burial		ADDRESS		EC'D BY REGISTRAR 25b.			
" Mill	of stone little			DEC 4 '61	arthy		
Phillip'	Herwig & Sons, 20	24 Orleans St.,	Balto Md PATE			, rovemes	

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John D. Miller, N.D. Acring Catef, Medical Cervice. Part Court District

Posember 2/01 Enine Locknews Commonery | Salikane County, Eryland

Paintafactuiz a Sons. 20 4 oriotip po. . Duloo. . . .

DECEMBER OF THE PARTY OF

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE **FALTH DEPT** 1. PLACE OF DEAT 2. USUAL RESIDENCE (Where deceosed lived. If institution; Residence before admission) Health. MARYLAND files. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) JO Middle DECEASED OF DEATH (Type or print) COLCE 7. MARRIED 9. AGE (In years NEVER MARRIED | B. DATE OF BIRTH WIDOWED [DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Moulton EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Charles R. Blake, 2502 Maryland Avenue 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) burial-transit DUE TO Conditions, if ony, which) gave rise to immediate cause (a), stating the underlying 0 cause last psea 20a. EXTERNAL CAUSE WAS PRIMARY A GO CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year i 20f. (City or town) factory, street, office bldg., etc.) Hour o. m. Not while of work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry . DIRECTOR M.D. CHIEF MEDICAL EXAMINER SSISTANT MEDICAL EXAMINER 22a. BURIAL, CREMATION, 22b. 22d. LOCATION (City, town, or county) New Cathedral Cemetery Baltimore 0 **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR VS. A15ME



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Disf. No) e. IS RESIDENCE ON A FARM?

YES NO.

IF UNDER TYEAR IF UNDER 24 HRS. Months 12. CITIZEN OF WHAT COUNTRY?

U.S. A.

ONSET AND DEATH

PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179. WAS AUTOPS PERFORMED? NO TY

(County)

apinion death resulted fram: Natural causes Accident , Suicide , Homicide , Undetermined manner

24b. REGISTRAR'S SIGNATURE

(Stole)

(Stote)

Wm. Cook, Inc., 1217 St. Paul Street, Baltimore

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Service of the County State Cou Section of the second of the s Services (1975) a more considered to the service of and the party of the country of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Files. Heolth, b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) and give negrest town? your dof F d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ol dire d. STREET ADDRESS e. IS RESIDENCE ON A FARM? HARFORD 8510 OLD HARFORD YES NO DE NAME OF DECEASED (Type or print) 3 19 61 with the ofter 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS hours Months WIDOWED Z DIVORCED T yrs. 50 Oo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY puo 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) AT HOME HOUSEWERK ALTO, MI) 13. FATHER'S NAME 17. INFORMANT DOUGH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. MRS.CLARA LANCE NONE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] alang VASCULAR Deciden PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Office DUF TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying enal Discere cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPS PERFORMED? YES T NO B 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Fort II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Slote) factory, street, affice bldg., etc.) o. m. While Not while al wark at work 21. I certify that I taak charge of the remains described above, held an Autapsy ... Inspection Inquiry DIRECTOR: Suicide . Hamicide . Undetermined manner opinion death resulted frame Natural causes . Accident . DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) FUNE 22c. NAME OF CEMETERY OR CREMATORY 22g. BURIAL CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) (Slole) REMOVAL (Specify) 40 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS. AJSME 5M 2/57

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— BALTIMORE 1, MARYLAND EATH

	DIVISION OF STATISTICAL RESEARCH AND RECORDS -
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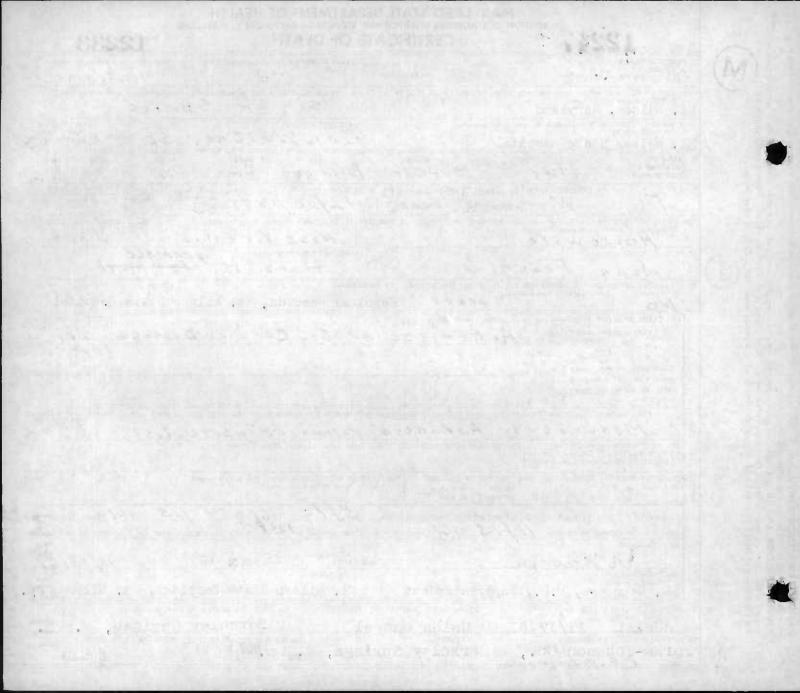
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	A PO TO		1,000
	PLACE OF DEATH A. COUNTY Baltimore County	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md., b. COUNTY Mon to ome rul
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) t. Wilson, Maryland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) SINGE Spring 1523-2
M	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION t. Wilson State Hospital	oddress)	d. STREET ADDRESS 9202 Whitney St. c. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Myrtle	Bohrer 4. DATE Month Day Year DEATH // 15 19 6/
5.	SEX COLOR OR RACE 7. MARR	THE THE MENTAL MANAGED	B. DATE OF BIRTH 12/20/1877 9. AGE (In years lost birthday) 3 yrs. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
100	a. USUAL OCCUPATION (Give kind af wark done 10b. during mast of warking life, even if retired) HOUSE WIFE	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? West Virginia U.S. A.
13.	Lohn Fearno	w	14. MOTHER'S MAIDEN NAME HOFFEHMIH
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16, no, or unknown) (If yes, give war or dates of service)		PORMANT Address Spital Records, Mt. Wilson State Hospital
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate couse (a), stoting the underlying couse last. (c)	teriosc7	erotic Cardiec Disease ONSET AND DEATH ZYCS + (order)
CERTIFICATION	Moderately	ADVanced	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Parameter of Injury in Port I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SKIBE HOW INJURY OCCURREN	b. (this ratio of injury in roll 15 for it of ventus.)
MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. Ii Haur a. m. 19 While p. m. 19	Nal while for	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) (City or town) (County) (Stote)
	21. I certify that (I) (this hospital) attends saw the deceased alive an		death occurred at 25 M, from the causes and an the date stated above.
	220. SIGNATURE MUNCHING	h Hallows	M.D. ATTENDING MED. STAFF PHYS. 11/15/6/
	Vm. Newcomer, M.D., Supe	rintendent	Mt. Wilson State Hospital, Mt. Wilson, Md.
	o. BURIAL, CREMATION, REMOVAL (Specify) BURIAL II/I7/6I	23c. NAME OF CEMETERY O	Berkeley Springs, W. Va.
	Parks-Johnson Co.,	Berkeley Spr	rings, WDATE Va NOV 17'6 25b. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be used by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled and yet the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or removal, and in any event, within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	1. PLACE OF DEATH					e. STATE Md		re decessed lived, If b. COUN	ITY	dence before admis	sion)
/	Balto	f outside corporete lim		c. LENGTH OF ST	YLAND			4 17 24 74			
	write RURAL end	giva neerest town)	115,	c. LENGIH OF SI	ATINID	c. CITY OR TO	WN (II outside	corporete limits, write	KUKAL and gi	ve nearest town)	
	Catonsv						thorp	9			
h	d. NAME OF HOSPI	TAL OR INSTITUTION	if not in hosp	oitel, give street ad	dress)	d. STREET ADD.				e. IS RESIDE	
U	House In	The Pine	S			7 5563 0	regon	Ave.		YES NO	
	3. NAME OF	First		Middle		Lest	4. DA	TE Month	1	Dey Year	
	(Type or print)	MARY		BORING			OF DE	ATH		4, 19 6:	
	5. SEX	6. COLOR OR RACE	7. MARRIED			Aug. 31.	1890	9. AGE (In yeers last birthdey)	Months Day		HRS.
-	10e. USUAL OCCUPAT	ION (Give kind of wee						e, or foreign country)	12 CITIZE	N OF WHAT COU	ITDV2
	done during most of wo	rking life, even if retire	ed)	ND OF BUSINESS (OK INDUSTR	Md.	(County & Stet	e, or foreign country)		USA	AIKII
ľ	13. FATHER'S NAME		-			14. MOTHER'S MA	IDEN NAME			00,5	
1	Luther					Miner	va Fog	gle			
1	15. WAS DECEASED EV (Yas, no, or unkown) (I			SOCIAL SECURITY				Address			
ı	no	yasgive wai oi delesoi:		one	Ge	o. H. Bo	ring 5	5563 Oreg	son Ave	е.	
ľ	18. CAUSE OF D	EATH [Enter only one			(c).j				Ī	INTERVAL BETWEE	N
		H WAS CAUSED BY:	Co	romas	4	coches	corec			30 M	
1	260X	DUE TO	13		-	e of				, ,	
1	Conditions, if any	, which) (b)	ges	neralex	ed 6	Estera	exeli	which		mulet	
1	geva risa to Immedi	eta causa	//	. 0						-	
	(a), steting the u	nderlying	X	calles	-	Mel	Petra			5 9/2	
1		SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEA	TH BUT NO	T RELATED TO THE T	ERMINAL DISE	ASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTO	PSY
	CATIO	sekroi	rasci	elan	Her	mkari	2)			PERFORME YES NO	D?
	OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY	OCCURED	, (Enter natura of inju	ry in Pert I or	Part II of item 18.)			
	ZOc. TIME OF INJU	RY Month, Dey, Ye	er 20d, II	NJURY OCCURRED		CE OF INJURY (Home		(City or town)	(County) (Stat	ra)
1	Hour a.m.		While et work	Not While	fect	ory, street, office bldg)., etc.)				
		19		L-ul		11.14. 12	5 10/01	- 40 ac) 1	4 10/2	/	
-		hat (I) (this hospi					-250			, that (I) (we	
		ed alive on	V	19.67./,	and that	death occured	ar. AM,	from the causes	and on the		
1	22a. SIGNATURE	11 4				ATTENDING	MED.	STAFF		22b. D/	ATE GNED
1	1 Bran	elle Na	ugha	stly	M	D. PHYS.	DIRECTOR	PHYS.			
	22c. PHYSICIAN'S NAME (Typa)		0			22d. ADDRESS					
		ONLI COL DATE THE	7070	LOO MANE OF	CEMETER	OD CDENATORY	1224	LOCATION (CD.		/C****	
	23a, BURIAL, CREMATI REMOVAL (Specify)		REOF	23c. NAME OF	CEMETERY (JK CREMATORY	23d.	LOCATION (City, to	wn or county)	(Stata)	
	Burial	11/7/6	1	United	Bret	hern Cem		Thurmont			
	24 FUNERAL DIRECTOR	'S SIGNATURE	The Party	ADDRESS				egistrar 25b. Re	GISTRAR'S SIG		
1	Howard H.	Hubbard	4107	Wilken	s Av	e. DAT	NOV 6	01	Arctur 1.	/ Clause	

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House In The Pines

MARY E. BORIED HOW. 4,

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no nene Ceo. H. Boring 5563 Cregon ave.

Eural 11/7/1 United Breinern Cem Thurron, Mc.
Howard H. Hubbard 4107 Wilkens Ave.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after death.

So death, the may be retained by the hospital or attending physician.

TO FUNCABL DIRECTOR: After this certificate has been signed by the attending physician and complete, filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the State Dept. of Health prior to burial, cremation, or removal, and in any event, form 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12235

							9,00		
1. PLACE OF DEATH	Baltimore			STATE	aryla		sed lived, If b. COUN	ITV	dence before edmissio
b. CITY OR TOWN (i	f outside corporete limits give neerest town)	s, c. L	MARYLAND ENGTH OF STAY IN 1b	c. CITY OR TO	OWN (If ou	tside corporet			ve neerest town)
Towson		4		X103 She		Avenue			
d. NAME OF HOSPIT	AL OR INSTITUTION (if	not in hospitel,	give street eddress)	d. STREET AD	DRESS				IS RESIDENCE ON A FARM
Towson Con	valescant H	ome		Tows					YES NO
DECEASED (Type or print)	AMANDA	BOBNI	Middle MILLER	Last	4.	DATE OF DEATH	Novem	ber 25,	19619
5. SEX	6. COLOR OR RACE			8. DATE OF BIRTH		19. A		IF UNDER 1 YEA	
Female	White	WIDOWED _	DIVORCED [Unknown	1874	app.	st birthdey) 87 yrs.	Months Dey	Ys Hours Min.
10e. USUAL OCCUPATI	ON (Give kind of work	10b. KIND O	F BUSINESS OR INDUST	RY 11. BIRTHPLACE	(County &	State, or fore	ign country)	12. CITIZEN	OF WHAT COUNTE
Housewif			n Home	Maryl				I	ISA
13. FATHER'S NAME				14. MOTHER'S M		ME			
Unknow					mown				
15. WAS DECEASED EVE (Yes, no, or unkown) (If	yes give wer or detes of se	rvice)	AL SECURITY NO. 17.				Address		
No 1	None	213-4	40-1190 Mr	s. John He	rzog,	101 S	healey	Ave.,	Towson, MO
	ete ceuse	My	neral	al de	rfa	role	sole	ruis	ONSET AND DEATH
PART II. OTHER OF CONTRIBUTING (IF EITHER, NOTIFY	SIGNIFICANT CONDIT	IONS CONTRIBU	ITING TO DEATH BUT N	OT RELATED TO THE	TERMINAL	DISEASE COM	NDITION GIV	EN IN PART 1(e	19. WAS AUTOPS PERFORMED? YES NO
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCURE	D. (Enter neture of in	jury in Part	I or Pert II of	item 18.)		
20c. TIME OF INJU	RY Month, Dey, Yee			ACE OF INJURY (Horstory, street, office blo		20f. (City or	town)	(County)	(Stete)
			the deceased from		30			,	
220. SIGNATURE 22c. PHYSICIAN'S	rge T.l	Julm	ne !	A.D. ATTENDING PHYS. [STAFF PHYS.		22b. DATE SIGN
G. E.O. B.	GE T	GILI	MORE,	Lu	thes	mil	6,	ma	//
23e. BURIAL, CREMATION REMOVAL (Specify) Burial	Nov. 28		NAME OF CEMETERY			Towson			(Stete)
24 FUNERAL DIRECTOR			ADDRESS	25		BY REGISTRA C 1 '61		GISTRAR'S SIG	NATURE Trans

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November 28, 1961

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where daceased lived, If institution: Residence before edmission) a. STATE b. COUNTY
Beltimore MARYLA	T3 7 3 3 / / / / / / / / / / / / / / / / /
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown)	IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town)
Lutherville	Oak Park 5/X·3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
1218 Longford Road	728 N. Marion Street
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) I,UCY FLORENCE	BROOKHOUSE DEATH November 22, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Female Waite WIDOWED X DIVORCED	December 4, 1888 Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) HOUSSWIFE Own Home	London, England 11. BIRTHPLACE (County & State, or foreign country) London, England 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Smith	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	Mrs. Wm. B. Mosher, 1218 Longford Rd. Luthervill
18. CAUSE OF DEATH [Entar only one causa per line for (e), (b), end (c).]	
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) (Culp 114)	ocaropal cinfarction 30 minus
DUE TO	
Conditions, if any, which) (b)	un elle si in
geve rise to immediate cause	
(e), stating the underlying DUE TO	
cause last. (c)	DIT YOU DELATED TO THE TERMINAL DISEASE CONDITION CHURN IN BART VALUE OF MACALITORSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH E	CCURED. (Enter netura of injury in Pert I or Pert II of item 1B.)
	0e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
Hour a.m. While all work all work	factory, street, office bldg., atc.)
	from 1960, to Mar. 21., 1821., that (1) (we) last
21. I certify that (i) (this hospital) attended the deceased	that death occurred at the form the causes and on the date stated above.
	that death occurred agracian, from the causes and on the date stated above.
224 SIGNATURE	ATTENDING MED STAFF SIGNED
Algree I Julman	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. MDDRESS 1
	DE I MAINTELO MA
GEORGE T. GILMOI	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	ETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEM	ETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
	ETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
23e. Burial, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEM. REMOVAL (Seecity) 12 Nov. 23,1961 Mt. Emblem	n Cem. 23d. LOCATION (City, town or county) Elmhurst, Illinois

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Mrs. W. E. London, 1218 Long Cond Ed. Lyther 1212

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1225	LKIIFICAIL	OF DEATH		TONO	
. PLACE OF DEATH			CE (Whare daceased lived, li		a bafore admission
Baltimore	MARYLAND	a. STATE	Menul on d	70 - 71	imomo
	NGTH OF STAY IN 1b		MaryLand If outside corporata limits, wri		1more
write RURAL and give naarest town)					
Catonsville			Catonsvi.	TTe	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, gi	ive street addrass)	d. STREET ADDRESS			a. IS RESIDENC
300 N. Rolling Road		1 300 N.	Rolling Ros	ad	YES NO
NAME OF First DECEASED	Middle	Last	4. DATE Mon		Year
(Type or print)	nsal	Dwanley To	OF DEATH NO WE	ember 4	1967
6. COLOR OR RACE 7. MARRIED X	ISAL	Brooks Jr.			IF UNDER 24 HRS
20 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		oct.16, 19:	16 last birthday)		Hours Min.
Male White WIDOWED	DIVORCED		45 уг.		
Oa. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Coun	ty & State, or foreign country) 12. CITIZEN OF	F WHAT COUNTR
Sales Manager Con	ncrete	Maryland	ā.	U.S.	.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN			
S. Bonsal Brooks Sr.		Dri goil	la Bohlem		
	L SECURITY NO. 17. II	NFORMANT	Address Address	SS	
Yas, no, or unkown) (Ifyes give war or datas of service)					
Yes WW 2	Mrs	s Natalie 1	Brooks, 300		
18. CAUSE OF DEATH [Enter only one cause per line for	(a), (b), and (c).]	2	A 1		ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	S. 1 -4	2/2	- Sowell	Soul	SEI AND DEATH
IMMEDIATE CAUSE (a)	and A	my my			
DUE TO		0 0			
Conditions, if any, which (b)					
gave rise to immediate cause					
(a), stating the underlying					
(0)	ING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GI	VEN IN PART 1(e) 15	9. WAS AUTOPS
TAKI II. OTTEK STORMTON CONDITIONS	THE PERSON NO.	T NEUTTED TO THE TENNIN	THE PROPERTY OF STREET, STREET		PERFORMED?
				Y	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE H CONTRIBUTING 2AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURED.	(Enter neture of injury in	Part I or Part II of item 1B.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour a.m. Whila No	OCCURRED 20a. PLA	CE OF INJURY (Homa, farn	n, ; 20f. (City or town)	(County)	(Stata)
Hour a.m. Whila No	ot Whila facto	ory, street, office bldg., etc			
p.m. 19 at work	at work		1		
21. I certify that (I) (this Mospital) attended th	ne deceased from	Sert	196.1, to Aux	, 1961, 11	hat (I) (we) I
			AM, from the causes	and on the da	ate stated abo
22a. SIGNATURE	, and mai	Court Occupou dist.		21.2 011 1113 00	22b. DATI
226. SIGNATURE ()			MED. STAFF		SIGN
week 13.1 such	М.	0.	DIRECTOR PHYS.	/1/	4/61
22c. PHYSICIAN'S NAME (Type) A/A/TFO R	2 1	22d. ADDRESS	2 (2)	D AA	2 1
WALLIAM MATERIA	BUCK	1855	acust,	Isolly -	- 2 mg
3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c.	NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, to	own or county)	(Stata)
REMOVAL (Specify)			- DETERMINE		
burial Nov. 6,1961 St	t. Thomas	Cemetery	Garrison I		Maryl
Henry W. Jenkins & Sons (ADDRESS		C'D BY REGISTRAR 25b. RI		
		DATE	10V 7 '61	arihun S. Kra	MA
4905 York Road Ba	1t 12 Md.				

1. 3. 4 TOWN THE STATE OF HER STATE OF soo st. Solling Hone d nemestra 51 1 . dt. 300 . o. 2. 5 Southwalk Labout Labout Labout 1. H south and the caroline states well Constant derriton Poract contract Briston 22 TACLER, WALLES COLLEGE Henry W. Jenkins a Sons Co. LANGE TORE MONTE TO THE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY	altimore	ltem:	MARYLAI		D. STATE	nce (where arylar		Minstitution COUNTY	Balti		ian)
b. CITY OR TOWN (III RURAL ond give ne	f autside carporate limi carest tawn) onsville	ts, write	c. LENGTH OF STAY IN 7 yrs.	16	c. CITY OR TO	WN (If autsic		nits, write RU	RAL and give	nearest tawr	1)
d. NAME OF HOSPIT OR INSTITUTION	15 Somers				d. STREET ADD		set Ros	ad			NO A
3. NAME OF DECEASED (Type or print)	Fir Bes		Middle Estelle	Br	last osenne	4.	DATE OF DEATH	Month	Nov.	/	Year 19 61
5. SEX Femele	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIED	□ B.	Nov. 26,	1886	9. AG lost		Months Do		ER 24 HRS. Min.
during mast af wark	ON (Give kind of wark ling life, even if retired ewife	done 10b.	or home	NDUSTE		yland	areign country)			. S. A	
13. FATHER'S NAME	William K	nott			14. MOTHER'S M	aiden nam					
15. WAS DECEASED EVER (Yes, no, or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s				Donald	G. Bro			re - 28 erset I	,	
Conditions, if or gove rise to it cause (a), stating lying couse last.	the <u>under-</u> DUE TO	24	perluse elecións contributing to Death aseles	les BUT N	Aka Aka OT RELATED TO, T Susue	elus Hear HETERMINAI	Oses Lesse CON L'and	ere esal DITION GIVE		PERFC	1,?
O (IF EITHER, NOTIFY 20c. TIME OF INJUR Haur a. m. p. m.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Manth, Doy, Ye 19	20d. It While at war	k of wark	e. PLAC facta	E OF INJURY (Hory, street, affice b	ome, farm, 12	Of. (City or to	vn)	(Cau		(State)
saw the deceas	ed alive on X		led the deceased from 1961, and the	at dec	ATTENDING	of 26M,	fram the c	causes and		ate stated	
NAME (Type) 230. BURIAL, CREMATIO REMOVAL (Specify)		OF .	23c. NAME OF CEMETE		REMATORY	230	ck Rd.	City, town, or	caunty)	(Sta	
Burial 24. FUNERAL DIRECTOR Caston	S SIGNATURE		St. John Address Catons			50. REC'D B		2Sb. REGIST	ty, Md.	ATURE	

4, PRODUCTO S M . . . THE STREET CONTRACTOR STREET Color Sale to him the divine MAN THE RESIDENCE AND THE PERSON OF THE PARTY OF THE PART Walter and the state of the sta to the state of th A Committee of the second elected in the second elected elected in the second elected elected in the second elected The state of the solution of t

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH CERTIFICATE OF DEATH

funeral

ompletely filled in by the first papers. Pages 1 and 2 slow 72 hours effer death.

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TO HOCITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exdeath age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and condirector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within

VR A15 (4) 15M 9/60

within 24 hours after

				LANCE
1. NAME OF DECEASED (Type or Print)	, , , , ,	11 4 44444	2. DATE OF DE	ATH A/ 5 40/
Tinna Y	ertrude Brown			Nov. 5, 196
3. PLACE OF DEATH IN BALTIMOR	E, MARYLAND			ution: residence before admission)
Ballmas	- County	A. STATE B	, COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INS	TITUTION, GIVE STREET	Md.	_	
HOSPITAL OR ADDRESS OR LOCATION)	1 - 80.	c. CITY OR TOWN		limits, write RURAL and give township
(h)	Consulle	Baltimore		3 V O 1
House of Pines 1	Vursina Home	D. STREET ADDRESS		rol, give location)
0	0	637 McKe	min Aug	
SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH		True 1 1 4 16 16 16 16 16 16 16 16 16 16 16 16 16
SEX 6. COLOR OR RACE	WIDOWED, DIVORCED (Specify)		9. AGE (In years last birthdoy)	Months Days Hours Min.
emale white	married	8-5-1880	81	Months Days Hours Min.
		11. BIRTHPLACE (State or foreign	1	12. CITIZEN OF
O.A USUAL OCCUPATION (Give kind ork done during most of working life, ever	DE RING OF BOSINESS ON INDUSTRIE	(5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.5.	y 555 //	WHAT COUNTRY?
retired) / . /		Maryland		1154
nousewite I. FATHER'S NAME		14 MOTHER MAIDEN NAME		421
FAIRER 3 NAME		A A	,	
Robert J. Brown	n	Anne O'Grad	lu.	
. Was Deceased Ever in U. S. Armed Forces	? 16. SOCIAL	17. INFORMANT	đ	ADDRESS
s, no or unknown) (If yes, give wor or date	es of service) SECURITY NO.			
THE COURSE WHEN THE PARTY OF TH		Timothy	Rraun	same
18.	CALICE	OF DEATH		INTERVAL BETWEEN
10.	CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIR	ECTLY 47 0 1	-1	1	2 4
LEADING TO DEATH	100 0 0 (A) COVO	nary prose	U DOLO	/aa
(This does not mean the mode of d heart failure, asthenia, etc. It means to injury or complication which couse	ying, e.g., he diseose,	,		
injury or complication which couse	d deoth.)	C. , A	Yosenky De	4
ANTECEDENT CAUSES	Bitaler	Gazine (Radio)	Yazentes De	1537
DISEASES OR CONDITIONS, IF AN	Y. GIVING DUTO			
RISE TO THE ABOVE CAUSE (A) STA	TING THE			100
UNDERLYING CONDITION LAST.	(C)			
OTHER SIGNIFICANT CONDITIONS CON				
TO THE DEATH BUT NOT RELA	IEU IO INE			
	9a. DATE OF OPERATION 15	DB. CONDITION FOR WHICH OPE	RATION	2D. AUTOPSY?
IF OPERATION WAS RELATED TO CAUSE OF DEATH, ENTER IN	W	PB. CONDITION FOR WHICH OPE AS PERFORMED		YES NO NO
1 42. I cartify that (1) this	1) - AA		10 0	I IES NO E
r certify mor (i) mas mosping	ottended the deceased from		14-25	19,2
11-5-	19 6/ that (1) (we) last saw	the deceosed olive on	11-3	3"- 1961
ond that in (my) (out) opinion	death occurred of 2,1573	m., from the couses and	on the date stated	above
23A. SIGNATURE		. ADDRESS	ou une doie stoled	
Mulmer 1.	Jackagery "	1 1	014	23c. DATE SIGNED
ATTENDING PHYS. MED. DIRECTOR	STAFF PHYS.	69 Thedericke	Ever Bal 12	8 11-6-61
A. BURIAL, CREMATION, 248. DATE	24c. NAME OF CEMETERY OR CREM	ATORY 24D.	LOCATION (City,	town, or county) (State)
EMOVAL (Specify)	CALAL CITY		(9/)	(51016)
burial 11-8-6	1 New (athedral	(emetery R	altimore	Md
SA. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25c. FUNERAL DIRECTOR	unite,	ADDRESS
1017 7 40 0V 8 161	E Type towns	11.	0 1	- // / / / / /
HILL HOUSE	- Ton 1960.	_ Leonard y.	Kuck 530	5 Hartond Rd

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		THAIYAM		
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				A WHITE COLUMN TO THE PARTY OF
	PROPERTY OF STREET			
				THE OWNER OF THE PERSON NAMED IN
al.(no.) (i) test		Entransa of on	in Calquet and I	Seat William P. S.
and the list that we had not seen in the				
			3	
				THE STREET
THE RESIDENCE AND ADDRESS OF THE PARTY OF TH		HORSE.		

filled in by the funeral Pages 1 and 2 should TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hour death age 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complemy filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

		2254		CERTIF	ICAT	E OF D	EATH	97.000		12	240	
1.	PLACE OF DEATH						RESIDEN	CE (Where dece			sidenca bafor	a admission)
	Baltimore			MAR	YLAND	Mary.	land		b. COUN	Ke:	nt 🗸	
	b. CITY OR TOWN (if	foutsida corporata limit give nearest town)	5,	c. LENGTH OF ST	'AY IN 1b	c. CITY O	R TOWN (I	f outsida corpora	ta limits, write	RURAL and	give naarest t	own)
	Fort Howar	rd		209 Da	ys		terto	wn		14 X	120	
	d. NAME OF HOSPIT.	AL OR INSTITUTION (i	f not in hospi	tal, give street add	dress)	d. STREET	ADDRESS				0	RESIDENCE N A FARM?
-	Veterans A	Administrat	ion Ho	spital		Route	e #3					NO 🗆
٥.	DECEASED	First		Middle		Last		4. DATE OF	Month		Dey Y	aar
5	(Typa or print) SEX	EDWAR		E.		BROWN	24.2	DEATH	Novemb			9 61
₩.		6. COLOR OR RACE	7. MPARKED	NEVER MARRI		. DATE OF BIRT	- 0		est birthday)	Months Da	ys Hours	DER 24 HRS.
1D	Male	White ON (Give kind of work	WIDOWED	D OF BUSINESS O	1 127	arch 7,		ty & State, or for	9 yrs.	112 CITIZ	EN OF WHA	T COUNTRY
do	one during most of wor	king life, aven if ratire	d)	D OF BUSINESS O	K INDUSTR							
13	Waterman -	- Retired				Ches	terto	wn, Mary	land		U. S.	A
15	William E. Was deceased eve	R IN U.S. ARMED FOR	CES? 16. 50	OCIAL SECURITY I	NO. 174 m		C. St		- Address			
(Y	as, no, or unkown) (If	yes give war or dates of se	ervica)	0 00 1.02	CI			ls, VAH,	Baltim	ore 18	, Mary	Tand
	Yes	EATH [Enter only one	cause per line	0-20-421 e for (a), (b), and	(c).]	RT HOWAL	KD DT	ATRION			INTERVAL	
	PART I. DEATH	WAS CAUSED BY:		KIN'S DI							UNKNOV	NEATH
	1	MMEDIATE CAUSE (a)			-							
	Conditions, if any,	hich (b)	BRON	CHOPNEUM	ONIA,	TERMIN	AL				RECENT	1
	gave risa to immadia	ife causa				-75						
	(a), stating the un cause last.	derlying (c)										
2	PART II. OTHER	SIGNIFICANT CONDIT	IONS CONTI	RIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMIN	IAL DISEASE CO	NDITION GIV	EN IN PART 1		
Ę				- 1 2001	777						YES X	FORMED?
=	2Da. ACCIDENT WA	S UNDERLYING	2Db. DESCR	RIBE HOW INJURY	OCCURED	, (Enter natura o	f injury in F	Part I or Part II of	item 18.)			
ğ	OR CONTRIBUTING [MEDICAL EXAMINER)										
3	20c. TIME OF INJUR	RY Month, Day, Yas		JURY OCCURRED		CE OF INJURY (2Df. (City or	town)	(Count	у)	(Stata)
MED	Hour a.m.	19	While at work	Not While	1001	ory, sirear, orrice	bidg., eic.	1				
	21. I certify th	nat 刘) (this hospit	al) attende	ed the decease	ed from.	April :	24,	181, 10 N	ovembe	r 19,6	1, that (P)	(we) last
	saw the decease	ed alive on NOV	. 19	61	and that	death occur	ed at.P.	M, from the	ne causes	and on the	e date sta	ted above.
	22a. SIGNATURE					ATTENDIN		AED.	STAFF			2b. DATE
	Selex	Turn	Q: D		м	.D. PHYS.			PHYS.		1	1/20/6
	22c. PHYSICIAN'S NAME (Type)					22d. ADD		0.10	III TIOTTA	DD D 2000	TOTOT	
								18,MD.,F			TRION	
23	REMOVAL (Spacify)	ON, 23b. DATE THER	11-	23c. NAME OF			Υ	23d. LOCATI				(State)
	Burial	11/24	/61	Chester	: Ceme	etery	1		1	, Mary		
2.4	FUNERAL DIRECTOR	un our	llin	ADDRESS			100	D BY REGISTRA				
	Marvin Wi	lliams	Chest	ertown, 1	Maryl	and	DATHOV	27'61	and	hun S. 90	sould!	

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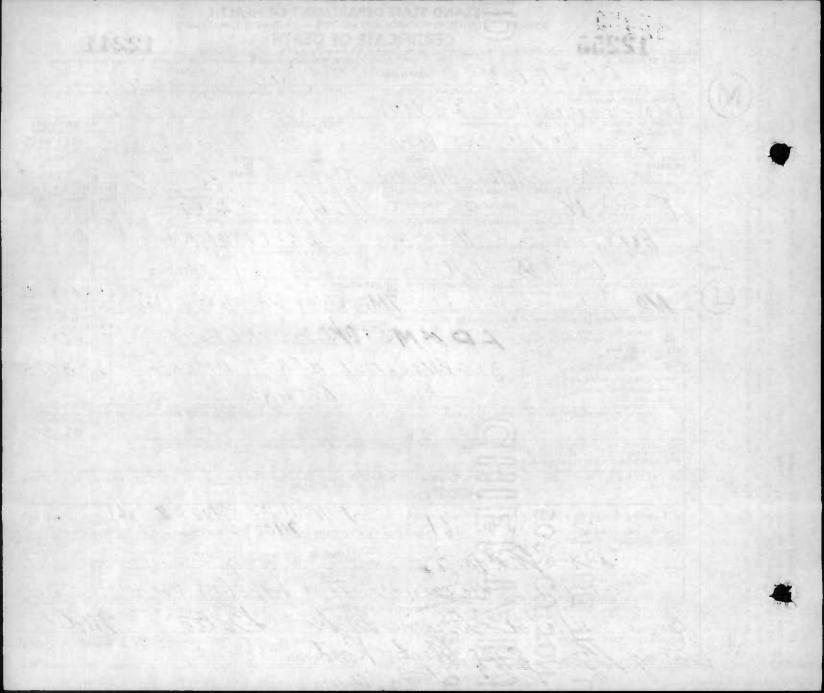
Californ a startle, half the factore 10, harmone

Mary C. Stoops

- U. ...

CERTIFICATE OF DEATH director, filed with F11m G3P2 USUAL RESIDENCE Where deceased lived. If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY filed a. STATE b. COUNTY funerol after death. b. CITY OR TOWN (If autside carporote limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give negrest tawn) should d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 70 YES NO NAME OF 4. DATE Middle Last Month Day Year filled DECEASED OF ages death. (Type ar print) DEATH 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. letely S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Manths after Days Haurs DIVORCED | WIDOWED TO papers. a SUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) cam 12. CITIZEN OF WHAT COUNTRY? haurs during most af working life, even if retired) ond Pon 72 requires that the death certificate be 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician car 2 with Unknown remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address attending please duy INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and PART I. DEATH WAS CAUSED BY ea IMMEDIATE CAUSE (o the **DUE TO** þ permit. Canditions, if ony, which removal has been signed gave rise to immediate **DUE TO** cause (o), stoting the underlying cause lost burial-transit by the haspital or attending physician 5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY cremation, PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING [certificate OR CONTRIBUTING CAUSE OF DEATH SO 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) use foctory, street, affice bldg., etc.) Haur a. m. While Not while After this 0 at wark of work far 21. I certify that (1) (this haspital) attended the deceased fram... detoched saw the deceased alive an , and that death accurred an IDM, fram the causes and an the date stated abave. DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D 22c. PHYSICIAN'S 22d. ADDRESS D NAME (Type) 3 shou TO FUNER BURIAL CREMATION. 23b. DATE THEREOF NAME OF CEMETERY OR DESTION (City Jown, or county) page the Sta MOVAL (Specify) PUNERAL DIRECTOR'S SIGNATURE ADDRES 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SPGNATURE VR A15

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist. N2242

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	OF DEATH	Baltimore		MAR	YLAND	o. STATE Maryland	10,000	lived. If institution b. COUNTY	on: Residence	Part of the last	Imission)
Ь. CI1	Y OR TOWN (If RAL ond give ne	outside corporate limit	s, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	(If outside corpor	ate limits, write R	URAL and give	ve nearest	town)
		altimore		6 months		Baltimor	e County	,			
d. N/	ME OF HOSPITA	AL (If not in hospital, gi	ve street o	ddress)		d. STREET ADDRESS	S			e. IS	RESIDENCE
6	401 Nor	th Charles	St.,	Baltimore	12	6401 No.	Charles	St. Ba	altimo	re YES	N A FARM?
3. NAM	E OF	Firs		Middl			4. DATE	Mon		Day	Year
DECE. (Type		ry Frances	Calh	oun (Sist	or Mar	S.S.N.D. y Ethelbur	OF			9	19 61
5. SEX	212	6. COLOR OR RACE	7. MARRII	ED T NEVER MARE	RIED B.	DATE OF BIRTH			IF UNDER 1		INDER 24 HRS.
Fe	male		WIDOWE		-	une 24, 19	911	9. AGE (In years lost birthday) 50 yrs.	Months D	Days Ho	ours Min.
IOa. USL	JAL OCCUPATIO	N (Give kind of wark d	lone 10b. K	IND OF BUSINESS					12. CITIZ	EN OF W	HAT COUNTRY
duri	ng most of work	ing life, even if retired) teacher		Religious			Massacl		U.S	Α.	
	ER'S NAME	ccacner			01 4101	14. MOTHER'S MAIDE			10.5		
Jo	seph F	Calhoun			1194	Anna M.	Chas				ENER.
5. WAS	DECEASED EVER	IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY N	O. 17. INF	DRMANT	Bilea	Addı	ess C40	7 27000	- A-7-
	r unknown)	If yes, give wor or dates of se	rvice)			atom Moses	There are to		040	1 Nor	
						ster Mary	Ernest,	S.S.N.D	. Cha		St.Bali
10.		TH [Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (o)		Respir	atory	Trouffice	ing	•			L BETWEEN
Co	nditions, if or	DUE TO		D'	/	milit	ation			24	hrs.
ga	ve rise to in se (o), stating t ng couse lost.	nmediate (Idra	Shir!	Disen	عن				mos.
_		ER SIGNIFICANT CONE	DITIONS CO	ONTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TE	ERMINAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. W PE	AS AUTOPSY RFORMED?
OR (CONTRIBUTING	CAUSE OF DEATH	206. DESCI	RIBE HOW INJURY	OCCURRED.	Enter nature of injury	in Port I or Part	11 af item 18.)		YES	NO NO
WEDICAL WEDICAL	TIME OF INJURY Hour a.m. p.m.	Month, Day, Yea	While	JURY OCCURRED Not while at work	20e. PLAC foctor	OF INJURY (Home, 1 y, street, office bldg.,	form, 20f. (City etc.)	or town)	(Co	ounty)	(State)
aliv	ve an No	at I attended the vember 8			t death a		Q.5.AM, fram ADDRESS (Str	the causes a	ind an the		
	SICIAN'S AE (Type)	Robert J	. Mał	non, M.D.		Towson	4, Maryl	and			
220. BUR REM	IAL, CREMATION OVAL (Specify)	November	111111	22c. NAME OF CEA	METERY OR C		22d. LOCATI	ON (City, town, c			(State)
	RAL DIRECTOR'S	SIGNATURE	Wy	ADDRESS -	-61	24a. R	NOV 1 3 '6	4	STRAR'S SIGN		
1	115111	1		Ball	Im						

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 y the funeral directar, and 2 shauld be filed with may be the probability of a strength of a strength of the contending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after death.

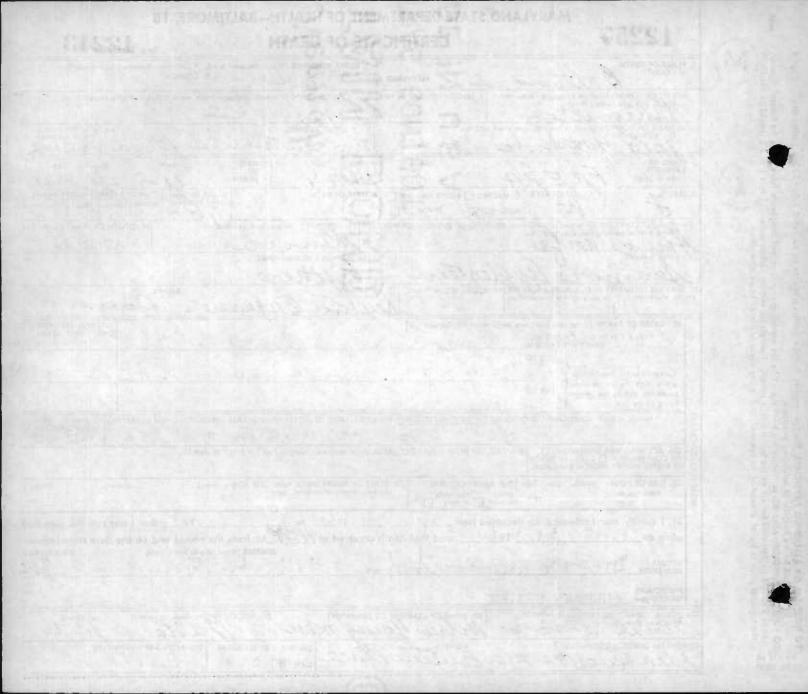
TO FUNER

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12257 **CERTIFICATE OF DEATH**

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Reg.	Die	I. Nor	1	R.	9

	o. COUNTY Baltimore MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CFTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
/	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Yataruba Dewe	d. STREET ADDRESS 7015 Yestaruba Brice on a FARM? YES NOW
	3. NAME OF DECEASED (Type or print) FREPH Middle	PhAN DATE Month Day Year PhAN DEATH // Z4 196/
	5. SEX 6. COLOR OR MACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) yrs. 1F UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done doring most of working life, even it retired) April 2 (1) (1) (1) (2) (1) (2) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? COUNTRY?
	Leamore applesteur	14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dofes of service)	NEORMANT Caplan - Don
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the under-lying couse lost. (c)	Melerosis Interval Between ONSET AND DEATH of years
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
	21. I certify that I attended the deceased from February alive on May - 21 -, 19 le 1, and that death ACTUAL SIGNATURE DE HERMAN SETDET,	occurred at // EPM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED, M.D. 2404 Control of the control of
1	220. BURIAL CREMATION, 22b. DATE THEREOF 22c MAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (Gty, town, or county) (Stole)
-	Jack Lewis One 2100 Entain	Place 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE NOV 2 8 '61 Curing S. House



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MARYLAND	STATE	DEF	PARTMEN	T OF	HEA	LTH
SION OF STATISTICAL	RESEARCH	AND	RECORDS -	BALTIN	AORE 1	, MARYLAND

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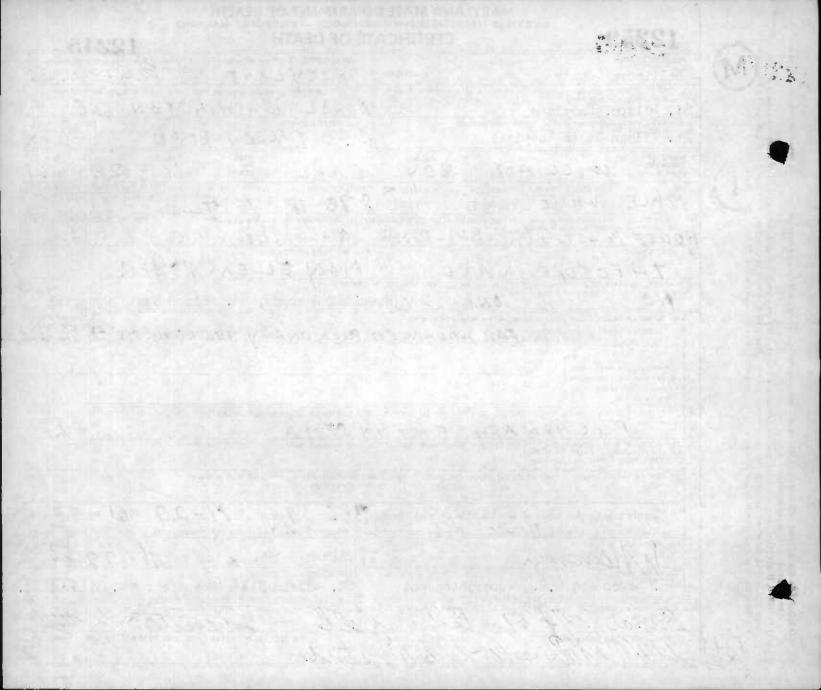
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIN

CERTIFICATE OF DEATH

	1. PLACE OF DEATH	HIGHER DECIDENCE (M/L)
	Baltimore County MARYLAND	O. STATE O. STATE D. COUNTY P. GEORGES b. COUNTY P. GEORGES D.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Mt. Wilson, Maryland	RURAL WASHINGTON P.C. 11 X-2
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
-	Mt. Wilson State Hospital	SOID'ARCY ROAD YES NO NO
	3. NAME OF DECEASED (Type or print) WILLIAM ROY	CARL OF DEATH 11-29-1961
	5. SEX ACE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. 8. WHITE WIDOWED DIVORCED S	DATE OF BIRTH 9. AGE (In yeors lost birthdoy) 74 yrs. POWDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	HOUSE PLASTERER BUILDING	WASHINGTON D.C. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	THEODORE CARL	MARY ELLEN ROVER
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	DRMANT Address
	(Yes, no. or unknown) (If yes, give war or dates of service)	pital Records, Mt. Wilson State Hospital
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) FAR ADVANCED	PULMONARY TUBERFUL D.PIS ONSET AND DEATH
	DUE TO	
	Conditions, if ony, which) (b)	
	gove rise to immediate	
H	couse (a), stating the <u>under-</u> DUE TO	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
	PULMONARY EMPHY	PERFORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		E OF INJURY (Home, farm, 20f. (City or town) (County) (Stote)
	Hour o. m. While Not while foctor of work of work	ry, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	3. 6. 5919 1. to 1-1-29, 1961, that (1) (we) last
	sow the deceosed olive an 11. 28. 1961, and that dec	ath occurred at A.M., from the causes and an the date stated above.
ľ	220. SIGNATURE M.I	ATTENDING MED. STAFF 1/ C SIGNED
	22c. PMY CIAN'S	22d. ADDRESS
	Wham Newcomer, M.D., Superintendent	Mt. Wilson State Hospital, Mt. Wilson, Md.
	230. BURJAL, CREMATION, 23b. DATE, THE EOF, 23c. MAME OF CEMETERY OR C	REMATORY) 23d. LOCATION (City, towny or county) (State)
	Durial 197161 Lectar A	ill suttand ma
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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Chilling S. Trans



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH											
o. COUNTY			44 A BVI		USUAL RESIDENCE (W	here deceased	lived. If institution				n)
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RURAL and give ne			c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF		ote limits, write RI	URAL ond	give neare	st town)	1-
	AL (If not in hospitol, g		oddress)		d. STREET ADDRESS			4.00	-	IS RESID	ENCE
OR INSTITUTION	State Hos		333,		G. SINCET ADDRESS					ON A F	ARM?
NAME OF	Fir		Middle		Last	4. DATE	Man	th	Day	Ye	ear
(Type ar print)	GEORGE		FREE	MAN	CARNEY	OF DEATH	1	1	4	19	61
SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED		9/18/1899		9. AGE (In years lost birthdoy) 62 yrs.	Months Months	-	Hours	Min.
a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	or fareign co		12. CITI	ZENOFV	VHAT CO	UNTRY
during mast of wark	ing life, even if retired	1	CONSTRUCTI		VIRGINI			U	.S.A	•	
. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME					
CLARENCE	T. CARNEY				MATTIE	. DARN	10 N D				
. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Addr	ess			
(es, no, or unknown)	If yes, give wor or dotes of s	service)	25-09-4318	TT		3 3/7.1	77.7	01.1	7.7		-
				HOS	spital Reco	ras, Mt	. Wilson	Stat		_	_
			ne for (o), (b), and (c).]							VAL BET	
PART I. DEA	TH WAS CAUSED BY:	, C	ARCINOMA O	F LUN	I G				8	MON	THS
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1 0 2	DUE TO)		a Francisco			44 6	5.00			-
0.5	DUE TO)		of the							. 6
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gove rise to in	ny, which (b)									
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gove rise to in couse (o), stating (lying cause lost.	nmediate (but to the under-	o) c) IDITIONS <u>C</u>	CONTRIBUTING TO DEA					'EN IN PAR		PERFOR	MED?
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gove rise to in couse (o), stoting lying cause lost. PART II. OTH 200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 200. TIME OF INJURY Hour a.m. p. m. 21. I certify the saw the deceas 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Wm.	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) It (I) (this haspita ed alive an 11/	20b. DESG 20b. DESG ar 20d. It While at war	Superinten	20e. PLACE foctory fram. 9/ that dea M.D.	Enter noture of injury in OF INJURY (Home, farry, street, office bldg., et 21/ 21/ 21/ 21/ 21/ 21/ 21/ 22/ 21/ 22/ 21/ 22/ 22	Port I or Port m. 20f. (City 26.1, .ta 26.1, .ta 27. State 23d. LOCAT 23d. LOCAT	or town) 11/4/ the causes an STAFF PHYS. HOSDITA ION (City, town, or company) RAR 2Sb. REGIS	. 196 d an the	County) 1_, thate date:	t (I) (vstated	(Stote

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Se 4 may be retained by the hospital or attending physician.

Yet may be retained by the hospital or attending physician.

Yet may be retained by the hospital or attending physician and complete filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH CERTIFICATE OF DEATH

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1. PLACE OF DEATH					nstitution. Restautce before admission)
Baltimor	e	MARYLAND	Maryland	b. COUN	Worcester
b. CITY OR TOWN (i	if outside corporete limits,	c. LENGTH OF STAY IN 16		/N (If outside corporete limits, write	
Fort How	give naerest town)	23 Days	Snow Hil	7	23 X · 2
		in hospitel, give street address)	d. STREET ADDRI		a. IS RESIDENCE
Veterans	Administrati	ion Hospital	204 Peti	to Charact	ON A FARM?
. NAME OF	First	Middle	Last	tt Street	70
(Type or print)	T04 T4	-		OF DEATH	10 6
. SEX	ISAIA		ARR 8. DATE OF BIRTH	9. AGE (In years	iber 29 19 61
		THE ACK WAKES ET		lest birthdey)	Months Deys Hours Min.
Male	11-0-1		gust 11,190		
De. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (C	ounty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
Laborer		Saw Mill	Albany, G	eorgia	U. S. A.
B. FATHER'S NAME			14. MOTHER'S MAIL	EN NAME	
Monroe Ca	rr		Annie Smit	h	
. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 174	INFORMANT	Address	20
	fyesgive war or detes of service	0377 00 3510	Turcar Kecc	ords, VAH, Baltimo	ore 18, Maryland
	W II	e per line for (a), (b), end (c).	rt Howard I	dvision	I INTERVAL BETWEEN
	WALL CALLER BY				ONSET AND DEATH
	IMMEDIATE CAUSE (a)	CARCINOMA OF THE		TH METASTASES TO)
157	XXXX I	LIVER AND ABDOMEN			UNKNOWN
Conditions, if any	1-1				
geva rise to immedi (a), stating the us	DUE TO				
couse last.	(c)				
PART II. OTHER		S CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TE	RMINAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
					PERFORMED?
PART II. OTHER 20e. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING 2Db	DESCRIBE HOW INJURY OCCURE	D /Enter nature of injury	in Part Lor Part II of item 18 \	11.5
OR CONTRIBUTING	CAUSE OF DEATH	S. DESCRIBE HOW INJURY OCCUR.	D. (Elliet heidte of infat)	in ren ron ren n or new rong	
	MEDICAL EXAMINER)				45.1
20c. TIME OF INJU Hour a.m.	IRY Month, Day, Yeer		ACE OF INJURY (Home, ctory, street, office bldg.,		(County) (State)
p.m.	19	at work at work			
	hat 10 (this hospital)	attended the deceased from	Nov. 6	1261, to Nov. 29	, 1%]., that (t) (we) la
saw the deceas		29 161 and the	t death occured a	25 M from the causes	and on the date stated abov
22e. SIGNATURE	7/)	P and m		The state of the s	22Ь. DATE
ZZe. SIGIVATARE	V7	4	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	22 /30
22c. PHYSICIAN'S	omas	Calian	22d. ADDRESS	DIRECTOR TITIS.	
THOMAS F.				.mo 30 sm .marr	
				TO 18 MD FT HOW	
3e. BURIAL, CREMATI REMOVAL (Specify)	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tov	
Burial	Dec. 2,190	Baptist Chur	ch Cemeter	Snow Hill, I	
4 FUNERAL DIRECTOR		ADÓRESS	25e.	REC'D BY REGISTRAR 256. REC	4
2/2	211/2 .	Olympe H.	MMIN DATE	DEC 5 '61 an	Chur S. Kraus
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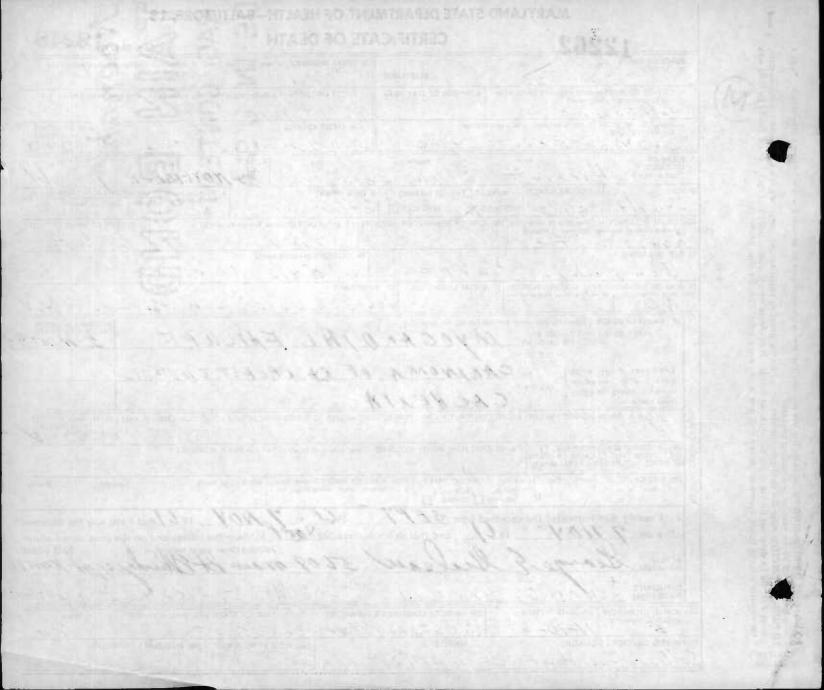
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19969

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Reg. Dist. No. 2248

	Reg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Balton MAR	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY B. L. T. M. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Y IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 2020 Nos-theest Ave	d. STREET ADDRESS 2020 Northegst Ave e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Harriett Ellen	Chambers 4. DATE Month Day Year OF DEATH NOYEMBER 7 1961
Fengle NEGRO WIDOWED DIVORCE	ED 6-10-01 lost birthdoy) Months Days Hours Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
Benjamin Payne	14. MOTHER'S MAIDEN, NAME
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (II yes, give wor or dates of service)	0. 17. INFORMANT Address James Chambers 2015 Non-theres Ave
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), storing the under-lying couse lost. (c) CAPC HE	ARDIAL FAILURE INTERVAL BETWEEN ONSET AND DEATH I A OF RY BREAST EMETASTRS X/A
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLACE OF INJURY IHame, form, factory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from SE alive on 7 NOV , 196 , and that SIGNATURE SECRET STATE OF THE STATE OF	death accurred at 25 M, from the causes and an the date stated above ADDRESS (Street, city or town state) M.D. 5608 Main of Elkville 27 Mel 11-10
20. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEM	AETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) Phys Star Cens Balto Ma
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SULLIVOR -404 Home -184-1314. April	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AND 10 161 College 4



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12263

CERTIFICATE OF DEATH

12249

	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where decessed lived, if Institution	on: Residence before edmission)			
)	a. COUNTY Baltimore	MARYLAND	o. STATE Maryland	Anne Hounde			
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, write RURAL	and give neerest town)			
	Fort Howard	15 Days	Severn 0.2×2				
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
	Veterans Administration I		Box 306 Quarterfield	Road YES NO X			
	DECEASED (Served as WILLIAM	Middle	CHEW) 4. DATE Month OF	Dey Yeer			
	(Type or print) WILLIAM	R.	CHEW DEATH November	30 19 61			
	5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UND last birthday) Month				
	Male Negro WIDOWED		November 18,1894 67 yrs.				
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	AD OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12.	CITIZEN OF WHAT COUNTRY?			
	Clerk - Retired U.	S. Postal Ser	vice Galena, Maryland	U. S. A.			
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
	William Chew		Catherine Peaker				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S (Yes, no, or unknown) (Ifyesgivewerordatesofsarvice)	SOCIAL SECURITY NO. 17.	NFORMANT Linical Records, VAH, Baltimore	18 Mamiland			
	Yes WW I	C.	Fort Howard Division	10, Mary Land			
	18. CAUSE OF DEATH [Enter only one cause per lir	ne for (e), (b), end (c).]	Old House Division	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	TERAT MERAT M	YOCARDIAL INFARCTION	ONSET AND DEATH			
	frames and a						
		RONARY OCCLUSIO	OIV				
	Conditions, if any, which (b)						
	(a), steting the underlying DUE TO			D. M. Britania			
	cause lest. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONT	IRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(e) 19. WAS AUTOPSY PERFORMED?			
,	DIABETES MELLITUS 200. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)			YES X NO			
1	200. ACCIDENT WAS UNDERLYING 206. DESC	RIBE HOW INJURY OCCURED	. (Enter neture of injury in Part I or Part II of item 1B.)				
ī	OR CONTRIBUTING CAUSE OF DEATH						
	20c. TIME OF INJURY Month, Dey, Year 20d. It			County) (Stete)			
	ZOc. TIME OF INJURY Month, Dey, Year 20d. It Hour a.m. While et work		ory, street, office bldg., etc.)				
			11/15/61 _, 12 , to 11/30/61 ,	10 1 W.V.			
	21. I certify that (this hospital) attend	ed the deceased from					
		19, and that	death occured al				
	22a. SIGNATURE	2	ATTENDING MED STAFF	22b. DATE			
	Mac July	W, W	.D. PHYS. DIRECTOR PHYS.	12/1/61			
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS				
	SEBASTIAN RUSSO, M.D.		VAH, BALTO. 18, MD., FT. HOWARI	DIVISION			
	23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or co	ounty) (Stete)			
	Burial 12-5-61	Baltimore Na	ational Cemetery Baltimore	28, Maryland			
	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAF	R'S SIGNATURE			
	Charles R. Law Funeral Ho	ome 802 Medico	n Ave. DATDEC 6 '61				
		timore Md.	Ave. Tonibet 6 61 Cottag	1. Thous			
	Balt	THOIE MG.					

Matter Bulliance

B. S. Post of Service Chest, White and D. S. A.

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inspire it, that funer i now is Menison ive.

filled in by the funeral Pages 1 and 2 should within 24 hours after TO HOWEVELL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 housed death. The may be retained by the hospital or attending physician.

STO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 a director, page 3 should be detached for use as the burial, cremation, or removal, and in any event, wightin 72 hours after death.

ISM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12264

CERTIFICATE OF DEATH

12250

Baltimore b. CHYO IN IN white expenses infant. C. LINGH OF STAY IN TO C. CHYO RECORN III coulded expenses infant. C. CHYO ROW III coulded expenses infant. Baltimore d. NAME OF POSTIAL DE INSTITUTION (if the in heapile, give street address) J. MANEE OF POSTIAL DE INSTITUTION (if the in heapile, give street address) J. MANEE OF POSTIAL DE INSTITUTION (if the in heapile, give street address) J. MANEE OF POSTIAL DE INSTITUTION (if the in heapile, give street address) J. MANEE OF POSTIAL DE INSTITUTION (if the in heapile, give street address) J. MANEE OF POSTIAL DE INSTITUTION (if the in heapile, give street address) J. MANEE OF POSTIAL DE INSTITUTION (if the in heapile, give street address) J. MANEE OF POSTIAL DE INSTITUTION (if the in heapile, give street address) J. MANEE OF POSTIAL DE INSTITUTION (if the in heapile, give street address) J. MANEE OF POSTIAL DE INSTITUTION (if the in heapile, give street address) J. MANEE OF POSTIAL DE INSTITUTION (if the in heapile, give street address) J. MANEE OF POSTIAL DE INSTITUTION (if the in heapile, give street address) J. MANEE OF POSTIAL DE INSTITUTION (if the in heapile, give street address) J. MANEE OF BEITH J. MANEE OF POSTIAL GOVERNOR (IN HEAD TO REAL BLOW) J. MANEE OF POSTIAL GOVERNOR (IN HEAD TO REAL BLOW) J. MANEE OF POSTIAL GOVERNOR (IN HEAD TO REAL BLOW) J. MANEE OF POSTIAL GOVERNOR (IN HEAD TO REAL BLOW) J. MANEE OF POSTIAL GOVERNOR (IN HEAD TO REAL BLOW) J. MANEE OF POSTIAL GOVERNOR (IN HEAD TO REAL BLOW) J. MANEE OF POSTIAL GOVERNOR (IN HEAD TO REAL BLOW) J. MANEE OF POSTIAL GOVERNOR (IN HEAD TO REAL BLOW) J. MANEE OF POSTIAL GOVERNOR (IN HEAD TO REAL BLOW) J. MANEE OF POSTIAL GOVERNOR (IN HEAD TO REAL BLOW) J. MANEE OF POSTIAL GOVERNOR (IN HEAD TO REAL BLOW) J. MANEE OF POSTIAL GOVERNOR (IN HEAD TO REAL BLOW) J. MANEE OF POSTIAL GOVERNOR (IN HEAD TO REAL BLOW)	1.	PLACE OF DEATH		2. USUAL RESIDEN	ICE (Whara dacaasad livad, If institution: Re	esidanca bafora adprission)
b. CITY OR TOWN cuitide composate limits, write RURAL and give nearest town)		a. COUNTY	MARKET HAVE			
Conditions, He and the control of the state of the control of the	-	b. CITY OR TOWN (if outside corporate limits,				giva naarast town)
d. NAME OF HOSPITAL OR INSTITUTION If near in heapinal, give afters address] Rosewood State Training School 1617 Baker Street Rosewood State Training School 1617 Baker Street Rosewood State Training School 1617 Baker Street Rosewood State Training School Rosewood State Training School Rosewood State Training School Rosewood State Training School Rosewood Record Rosewood Records Rosewood Records, Washing Day Personal Instituted Rosewood Records, Ro			1.7 mg	Ralt.	imore	
Rosewood State Training School 1617 Baker Street	1-					e. IS RESIDENCE
S. NAME OF DECRASED (Type or print)					3/0/	ON A FARM?
DECRREE [Iyps or print] 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2. DATE OF BIRTH 15. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2. DATE OF BIRTH 16. USUAL OCCUPATION [Give kind of work does during more of working life, awan if retired] 16. USUAL OCCUPATION [Give kind of work does during more of working life, awan if retired] 17. Dependent never worked none 18. MAS DECRASTS LYES IN ES. ARMED FORCES; 18. SOCIAL SECURITY NO. 17. INFORMANT 18. WAS DECRASTS LYES IN ES. ARMED FORCES; 18. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART IL DATH WAS CAUSED BY. (b) Acute bronchitis 20. Action was underlying DUE TO Conditions, if any, which gave if the underlying occurs last (b) PART IL OTHER SIGNIFICANT COMBITIONG COMTRIBUTING TO DEATH BUT NOT SELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPY WES WORLD WAS UNDERSTRING 10. DESCRIBE HOW INJURY OCCURED, (lens neture of injury in Part 1 or Part II of Item 18.) 20. CACIDENT WAS UNDERSTRING 20. DESCRIBE HOW INJURY OCCURED, (lens neture of injury in Part 1 or Part II of Item 18.) 21. I certify that (this hospital) all work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work at work	3.	NAME OF ROSEWOOD STATE IT				The state of the s
5. SEX 6. COLOR OR RACE: NHITE White Whole Divorced Divor		DECEASED	MIODIA		OF	
Pamale White WIDOWED DIVORCED 1/20/10 1/20 Months Days Hours Min. 1/20 Months Days Hours Days Hours Months Days Hours Days	_	rances				
Pemble White WIDOWED DIVORCED 2/20/10 196. USAND CECUPATION (GENERAL INTERIOR INDUSTRY II. BIRTIFICACE (County & Stella, or fortign country) 12. CHIZEN OF WHAT COUNTRY/ date during most of working life, avan if relitred 196. KIND OF BUSINESS OR INDUSTRY II. BIRTIFICACE (County & Stella, or fortign country) 12. CHIZEN OF WHAT COUNTRY/ BALL OF CONTRY/ BALL OF CONTRY/ BALL OF COUNTRY/ BALL OF COUNTRY BALL OF	5.	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 🔀 8.	. DATE OF BIRTH		
10s. USJAA OCCUPATION (Give kind of work does during most of working life, even irreting 10s. KIND OF BUSINESS OR INDUSTRY 11. BIRTIFICACE (County & Stele, or feeting country) 13. FATHER'S MAIDE NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECRASED FYERIN 613. ARMED FORESS? 16. SOCIAL SECURITY NO. 17. INFORMANT 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (s), (b), and (c).) 18. PART I. DEATH WAS CAUSE BY 18. PART I. DEATH WAS CAUSE BY 18. DEATH (Enter only one cause per line for (s), (b), and (c).) 19. PART I. DEATH WAS CAUSE BY 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY 19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 20c. ACCIDENT WAS UNDERLYING 10. CONTRIBUTING CAUSE OF DEATH 11. SIGNIFICANT 12. CERTIFY MIDICAL EXAMINER) 12. CICROTY MIDICAL EXAMINER 13. AUTOPSY 14. MOTHER'S MAIDER NAME 15. MADE (TYPE) 16. DATE CAUSE OF THE THEROP 17. SOCIAL SECURITY ON THE CONTRIBUTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY 19.		Female White WIDO	WED DIVORCED	2/20/10		Pays Hours Min.
James Joseph Coffey (D) Margaret David (D)	de	a. USUAL OCCUPATION (Giva kind of work on a during most of working life, avan if retired)			nty & Stata, or foraign country) 12. CITI	ZEN OF WHAT COUNTRY?
Second	13	Dependent-never worke	d none	Balto. 14. MOTHER'S MAIDEN	City, Md.	U. S. A.
S. WAS DECEASED EVER IN U.S. AMEDE PORCES: S. WAS DECEASED BY WAS DECEASED BY: INTERVAL BETWEEN ONSET AND DEATH 1 1 1 1 1		James Joseph Coffey (I		Margare	t David (D)	
18. CRUSE OF DEATH [Inter only one cause par line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Bronchopneumonia DUE TO			6. SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
18. CRUSE OF DEATH [Enter only one cause par line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Bronchopneumonia DUE TO			none	Rosewoo	d Records, Owings Mi	lls. Md.
Due to Conditions, if any, which gave rise to immediate cause (a), stating the underlying curve tase to immediate cause (a), stating the underlying curve tase to immediate cause (b). Acute bronchitis Due to Du		18. CAUSE OF DEATH [Enter only one cause po	or line for (e), (b), and (c).)		1101011119	I INTERVAL BETWEEN
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20c. ONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20c. ONTRIBUTING CONTRIBUTION (County) (State) 20c. ACCIDENT WAS UNDERLYING CONTRIBUTION GOVERNORY 20c. ONTRIBUTION CONTRIBUTION (County) (State) 20c. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) 20c. ONTRIBUTION COUNTRIBUTION COUNTRIBUTION GOVERNOR TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) 20c. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) 20c. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) 20c. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) 20c. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (Ic) 20c. ACCIDENT WAS UNDERLYING TO THE TERMINAL DISEASE CONDITION G			onchopneumonia			
and that death occurred alcibration for the stated above. 20c. Time of injury Month, Day, Yaar 19 20d. Injury occurred 19 20s. Place of injury (this hospital) attended the deceased from 11/22		COOL				
and that deeth occurred alcoholic cause last. DUE TO (a), stating the undarlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, farm, farm, p.m. 19 at work at work at work at work 21. I certify that (I) (this hospital) attended the deceased from 11/22		Conditions, if any, which	ut a branchitie			2 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20s. ACCIDENT WAS UNDERLYING While Not While P.m. 19 al work at work 21. I certify that (this hospital) attended the deceased from		gave risa to immedieta cause	MAG DIOLICITATA			Z NOGAS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Mongolism with terminal Alzheimers Dementia 2 years. PERFORMED? YES NO DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part 1 or Part II of item 18.) 20c. CONTRIBUTION 20c. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20a. PLACE OF INJURY (Home, farm, p.m. 19 19 19 19 19 19 19 19		(a), stating the undarrying				
Mongolism with terminal Alzheimers Dementia 2 years PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING ACUSE OF DEATH OR CONTRIBUTION ACUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 20c. TIME OF INJURY (Home, farm, factory, streal, offica bldg., etc.) 21. I certify that (II) (this hospital) attended the deceased from	-		ONTRIBUTING TO DEATH BUT NO	T DELATED TO THE YERM	IN AL DISEASE CONDITION CIVEN IN BAST	1/-1/ 10 MAS ALITORSY
20c. TIME OF INJURY Month, Day, Year Hour a.m. Possible Physician's Name (Typa) Physician	ATIO					PERFORMED?
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19	RTIFIC	OR CONTRIBUTING [] CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in	Part I or Part II of item 18.)	
21. I certify that (H) (this hospital) attended the deceased from 11/22		(IF EITHER, NOTIFY MEDICAL EXAMINER)				TILE YOU
21. I certify that (H) (this hospital) attended the deceased from 11/22	SICA					nty) (Stata)
saw the deceased alive on	ME	p.m. 19 at v	vork at work		i	
saw the deceased alive on		21. I certify that (this hospital) att	ended the deceased from	11/22	19.14 to 11/15 19.6	1, that-(1)-(we) last
22a. SIGNATURE ATTENDING MED. STAFF SIGNED Line Line		saw the deceased alive on11/15.		death occured ala	15Ma frim the causes and on the	he date stated above
Phys. Director Phys. Director Phys. Phys. Director Phys. Phy			10			22b, DATE
22d. ADDRESS NAME (Typa) Harry G. Butler M.D. 22d. ADDRESS Rosewood Lane, Owings Mills, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BUTIAL 23d. LOCATION (City, town or county) Burial 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 22d. ADDRESS Rosewood Lane, Owings Mills, Maryland 23d. LOCATION (City, town or county) Baltimore, Maryland 25b. REC'D BY REGISTRAR'S SIGNATURE		Hours B. Beelee		0.1110		11/15/6
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 11-16-61 New Cathedral Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR'S SIGNATURE MANY 1 7'61						22/2//0
Burial 11-16-61 New Cathedral Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS A		NAME (Typa) Marry G. Butl	er M.D.	Rosewood	Lane, Owings Mills,	Maryland
Burial 11-16-61 New Cathedral Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR'S SIGNATURE 25a, RE	23	a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or county) (Stata)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE			New Cathedral	Cemeterv	Baltimore, Maryla	nd
11m. 9: Turkner Sexo Gallinos 17, Md. DATE MOV 17'61 andlar 8, Trans	24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. RE	C'D BY REGISTRAR 25b. REGISTRAR'S S	
	1	Im. 9. Turbuer 4 serie	Gullinos 1.	7 Med DATE	MOV 17'61 Circling &	. There

FOR STATE HEALTH DEP lay is necessary, sral director. Page TO DEX IN MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an elector, Page please execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, and 3 to the toward director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-trensit permit. File pages 1 and 2 with the State Board of Medith, or removal, and in any averticing 72 hours after death.

VS. A1SME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1220 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 19951 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1225

\cdot	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decaesed lived, If institution: Residence before admission)
	Baltimore MARYLAND	a. STATE Maryland b. COUNTY
Л	b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
	write RURAL and give nearest town)	WANANAN A .II
	Baynesville	A Baldarione Baynesville
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat addrass)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
	8201 Loch Raven Blvd.	1 8201 Loch Raven Blvd. YES NOW
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
	(Type or print) Margaret Elizabeth Coffey	DEATH NOV. 12 1961
		DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Temale white WIDOWED DIVORCED TI	766. 111. 1890 71 yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	200 - 73
	done during most of working life, even if ratired)	At 1 1
	Housewife	Maryland U.S.A.
	13. FATHER'S NAME O	14. MOTHER'S MAIDEN NAME
	Emmett Martin	Mamie Dauchetty
1		NFORMANT Address
	(Yas, no, or unkown) (If yas giva war or dates of sarvica)	Ilian 7 Callan Ollow Fullandala Ana
	18. CAUSE OF DEATH [Enter only one cause par life for (a), (b), and (c).]	lliam to Coffey 9404 tullerdale Ave.
	PART I. DEATH WAS CAUSED BY:	SUSET AND SEATH
	IMMEDIATE CAUSE (a)	(CC/US/07) Juden
	4201) DUE TO	
	Conditions, if eny, which (b)	
	gava rise to immadiata cause	
	(a), stating the underlying cause last. (c)	
ч	(0)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	OF THE STATE OF TH	PERFORMED?
	5	YES NO
	PRIMARY Or CONTRIBUTING	ntar natura of Injury in Part I or Part II of itam 1B.)
9	6-1	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
	Hour a.m. While Not While at work at work	1, 1100, 01100 01031, 0101
	21. I certify that I took charge of the remains described above, he	Id an Autopsy , Inspection Inquiry , and in my opinion
	death resulted from Natural causes Accident , Suici	
V	death resulted from Manufal causes 2, Accident	
Л	ACTUAL // / A TATA TO THE ACTUAL OF THE ACTU	CHIEF MEDICAL EXAMINER
	SIGNATURY CALABOT CASTURELLY	M.D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S // / / / / /	DEPUTY MEDICAL EXAMINER ////
-	NAME (Type) 2 2 65 F U VONCA	Addrass (Straet, city, town, or county)
	226. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or country) (Stata)
	burial 11/15/61 New Cathedr	al Baltimore, Maryland
	23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Leonard J. Ruck Inc. 5305 Harford	Rd.
1	Leonard J. Macrigorice Joy Harfurd	DATROV 1 4 '61 Contrar S. Track

The second result to be Jack Jack the alkan s, copyest that, subtodicide English with the state of the s romand that I have by the real one was purely and the same

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEALTHADEP 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution: Rasidanca bafora admission) a. COUNTY al director. Page is necessary, MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) for your 5 2TIMURE Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE 6606 RAVEN HILLRD ON A FARM? be retained State YES NO P eath. NAMEOF Middla DATE in pencil in Item 18. Give Pages 1, 2, and 3 to the DECEASED with (Typa or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED ige 5 may be and 2 with 72 hours at SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours Days Min. WIDOWED DIVORCED yrs. 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working lifa, evan if ratirad) USA pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. File Rachel Ellen Barnes 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yas, no, or unkown) | (If yes giva war or dates of sarvica) LEONARD COHON 6606 RAVEN HILL RD Office along with burial-fransit permi UNK **EXAMINER:** This certificate should be executed 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ARDIAL INFARESTION and IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which (b) "pending" gave rise to immadiate cause cute the certificate, writing the word "pending" se forwarded to the Chief Medical Examiner's LAL DIRECTOR: Page 3 should be used as a gnated agent, prior to burial, cremation, or rer DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO YES 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection & Inquiry L and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY_MEDICAL EXAMINER NAME (Type) WILL Address (Streat, city, town, or county) plnous DE 22a, BURIAL, CREMATION, 22b, DATE THEREO NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Loudo 0 ₫40 20 24b. REGISTRAR'S SIGNATURE VS. A15ME Orthur S. Kraus 161 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

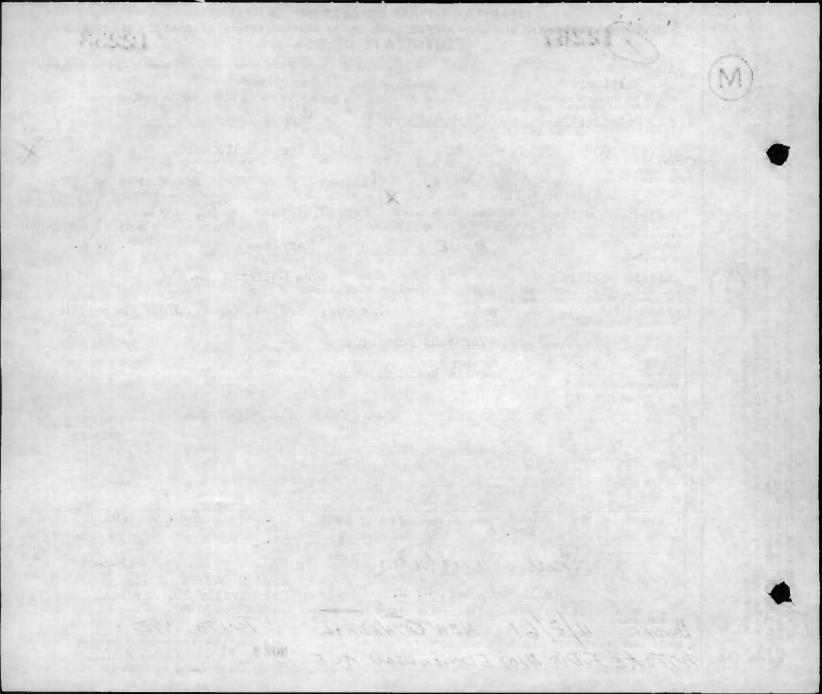
SESSI MANGE TO STADBITHE SESSI Stony to and S PRINTED THE THE PER F12711 412 1/2 I'M Just to the A Good II COST - SHOW THE LOUIS MASKY CELLINE 1-24 6 1 13- 55 + = 4 Thereing Sharp that He has been blee to be THE RESIDENCE AND RESIDENCE TO SEE SEED OF THE PARTY OF T The second of the second Larle of Francis and Township of the Comment of the That thealth London Park Come Solle the The state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION AND RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12253

1. PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission)
Baltimore MARYLAND	o. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Catonsville 13yr/mth28dys	Baltimore 3 V01-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
SPRING GROVE STATE HOSPITAL	1714 North Wolfe Street YES NO W
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer
(Type or print) Marie A. (Colleran OF November 6 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
female white WIDOWED DIVORCED	May 20, 1894 67 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Martin Colleran	Sara Collahan
	INFORMANT Address
(Yes, no, or unkown) (Ifyes give werordetes of service) unknown	Records: SPRING GROVE STATE HOSPITAL
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
35 5 1	IUIIIA
DUE TO	
Conditions, if eny, which geve rise to immediate cause	Lsease
(e), steting the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAI	YES INO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED, (Enter neture of injury in Pert I or Pert II of item 18.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
21. I certify that 1 (this hospital) attended the deceased from	June 8 19548 to Nov. 6 , 1961, that (I) (we) last
saw the deceased alive on Nov. 6 19.61, and the	at death occured atM, from the causes and on the date stated above.
220. SIGNATURE Gella Wacheler	ATTENDING MED. STAFF DIRECTOR PHYS. 11-6-61
22c. PHYSICIAN'S	22d. ADDRESS SPRING GROVE STATE HOSPITAL
NAME (Type) Stella Wachsler, M. D.	Catonsville 28, Maryland
230. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
REMOVAL (Specify) 11/8/61 NEW CATH	EDRAL BALTO, NID,
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
WITZKE F. DIR. 4101 EDNIONDSON	VAJE DATE DATE
11 11 11 11 11 11 11 11 11 11 11 11 11	



13/1 W	12 17 01 010	DEPARTMENT OF HEALTH	THE STATE OF
FOR STATE	MEDICAL EXAMINER'S	s, 301 W. PRESTON STREET, BALTIMORE 1, MA S CERTIFICATE OF DEATH 12	ARYLAND 254
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Re	esidence before edmission
Rage Rage iles.	e. COUNTY Reltimore MARYLAND	e. STATE b. COUNTY	U
0 -	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL end	give neerest town)
s necessary of the contraction o	write RURAL end give nearest town)	Baltimore 12	SVO
는 를 들는 See See	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
ela chera ined frate Brath.	Veterans Administration Hospital 3. NAME OF Middle	1118 East Belvedere	YES NO
- 8 X 8	3. NAME OF First Middle DECEASED	Last 4. DATE Month OF	Dey Yeer
## ## P	(Type or print) CLARENCE W.	CRABSON DEATH November 1	1961
leath d 3 th ay b with s aft	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1) last birthdey) Months D	YEAR IF UNDER 24 HR.
ter of and 5 mg d 2 mg hour	Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUS)	August 21,1894 67 yrs.	
1,2 1,2 an	done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	ZEN OF WHAT COUNTE
hour Bases	Plasterer Construction	Baltimore, Maryland U.	. S. A.
40883			
8. Giv form F it. File	Charles T. Crabson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Lucia Belt INFORMANT Address	
The feet of the fe	(Yes, no, or unkown) (If yes give wer or detes of service)	inical Records, VAH, Baltimore 18	, Maryland
Item Item I per	Yes WW I 217-05=1594 FO	RT HOWARD DIVISION	INTERVAL BETWEEN
along transi	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) TERMINAL BRONCHOP	NEUMONIA	ONSET AND DEATH
o o o	904.0 DUE TO		
should 's Offic a buria	Conditions, if eny, which (b) FRACTURED HIP, RI	GHT	
e sh ing's as a ref	geve rise to immediate cause (e), slating the underlying		410 410
ficat bend min ed a	cause lest. (c) PYEIONEPHRITIS		
certi rd "pr l Exa be us nation	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N CHRONIC MYOCARDITIS 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING COUNTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUTIO	TOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
e d Ca	CHRONIC MYOCARDITIS 208. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	(Exer nature of injury in Part I or Part II of item 18.)	YES X NO
유부용수~	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Fell at home	
writing Chief / Chief	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCUPRED 200. PL	LACE OF INJURY (Home, ferm, 20f. (City or town) (Count	ty) (State)
RE OO V	Hour e.m. White Not White	home Balto	Md.
Cate, to the prior	21. I certify that I took charge of the remains described above, h		and in my opinion
CT CT	death resulted from: Natural causes , Accident , Sui	icide , Homicide , Undetermined manner	
DIO DIO Var Var PIRE	max	CHIEF MEDICAL EXAMINER	
Mile the form	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
TY execution of the following	EXAMINER'S	DEPUTY MEDICAL EXAMINER	11/20/61
boots because execute should be for FUNERAL its designater	220. BURIAL (Familion, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO.	Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, town, or country)	(Stete)
Dease A should be should b	KEMOYAE (Specify)		
H H	Burial Nov. 21, 1961 Druid Ridge (Cemetery BALTIMORE COUNTY, M	
VS. A15ME 5M 9/60	Burgee Funeral Home Horace F. Burgee, 3631 Falls Road, Ba	Ito.Md. DATE NOV 2 2 '61 Cirlling S.	Kassa
10	notage F. Durgee, Joji Fairs Road, In	DAIL INTERIOR	

ere zvene eron and any mercial date fills. The contract of the contract of the contract of Hove were 17 . A . S . T . Sanda . T. S. M. 0050nu 1950 1000000 - 1 1 2000 Clan-skeld service of the control of the first of the service 五十 , 红色 作品 达地里 一十 E. 2. M. 2. D. C. C. C. Burded Lov. 1, 1951 Brief Single Constant - Internation Collect, Marticle ED LA FAILLA OF THE Horston T. Burger, 3031 Feller Bond, Balto. Ed. and a Cold a west

TO HOTOTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Get may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12264				16600
PLACE OF DEATH				stitution: Residence before edmissio
Baltimore	MARYLAND	Maryland	b. COUNTY	1
b. CITY OR TOWN (if outside corporete limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16		(If outside corporate limits, write R	URAL end give neerest town)
Fort Howard	98 Days	Baltimore	26	3 VOI. 4
d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS		e. IS RESIDENCE
Veterans Administrati	on Hospitel	1617 Cypr	ess_Street	ON A FARM
NAME OF First	Middle	Lest Cypi	4. DATE Month	Dey Year
(Type or print)	T (TOOCITANT	OF DEATH MOSTOWN	er 6 19 61
SEX 6. COLOR OR RACE 7. MA		CROGHAN DATE OF BIRTH	9. AGE (In yeers IF	
			last birthdey)	Months Deys Hours Min.
Light Hitz	OWED DIVORCED DIVORCED DIVORCED	August 18,1		1 12. CITIZEN OF WHAT COUNTE
one during most of working life, even if retired)				
Police Officer	Police - Retired	Baltimore,		U. S. A.
. FAIRER 3 NAME		14. MOTHER 3 MAIDEN	NOME	
Peter Croghan		Mary E. Ch		
WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown) (Ifyes give wer or detes of service)		NFORMANT	Address Ac WAW Boltimore	a 18 Mamrland
Yes WW I	FO	rt Howard Di	ds, VAH, Baltimore	
18. CAUSE OF DEATH [Enter only one couse	per line for (e), (b), end (c).]		1202011	ONSET AND DEATH
PART I. DEATH WAS CAUSED BY	ONCHOGENIC CARCIN	TIME I	TO A TO A TOTAL THE LAND A COLOR	and the second s
		TONG,	WITH THE TWO TO	TO CHILDINA
DUE TO	BRAIN			4 State
	TERIOSCLEROSIS, O	FENERALIZED		UNKNOWN
(a), steting the underlying DUE TO				
ceuse fest. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	N IN PART 1(e) 19. WAS AUTOPS
SENILE EMPHYSEMA				YES NO
	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in	Pert I or Part II of Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, fer	m. ' 20f. (City or town)	(County) (State)
Hour e.m.	WhileNot While fact	ory, street, office bldg., et		(400.00)
p.m. 17	work et work			
21. I certify that 20 (this hospital) a	ittended the deceased from.	July 31	agol, to Novembe:	r
saw the deceased alive on Novemb	er 6 19 61 and that	death occured at	AM, from the causes a	nd on the date stated abo
22e. SIGNATURE	A			22b. DAT
.11	+11.0	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	11/6/6
22c. PHYSICIAN	- traken	22d. ADDRESS		
NAME (Type)	M M		O 18 MD TOUR	ADD DIVITORON
THOMAS F. CRAHA			0.18 MD, FT.HOW	
3e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	- Ultimate The Control of the Contro	23d. LOCATION (City, town	
Burial Nev. 10, 19	61 Holy Cross C	emetery	Baltimore,	Maryland (A. A.
SOMERAL DIRECTION'S SIGNATURE	ADDRESS		EC'D BY REGISTRAR 256. REGI	STRAR'S SIGNATURE
1 10.a. 1 Horash	tchie Highway Ral	to 25 Madate	NOV 13'61 a.	Thur S. Kraus
ACTOR OF THE PROPERTY OF THE P	conse Bronway.Ba.	LUU a C Jalvilla C'		

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August 16,1592 1 69 Strain of St

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Peter Cromiss

District Court of the control of the

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Sol. Levinson & Bros. Inc. 6010 Reist Road

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

OFB.		TE 4	DEATH	
CLUII	PIL.V			

arthur S. Kraus

	Trava			CERTIF	ICAIL	OF DEA	IH		4	225	6	
	. PLACE OF DEATH a. COUNTY Baltim	nore		MARY		usual Residence o. STATE Maryle	E (Where d		I. If institution b. COUNTY	0	before ad	
	b. CITY OR TOWN (IF RURAL and give new Pikesv	arest town)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	N (If outside ville	carporote li	mils, write RUF	RAL and giv	e nearest (lown)
	d. NAME OF HOSPITA OR INSTITUTION 3507 N	AL (If not in hospital, of Northridge	_			d. STREET ADDRE		idge I	rive		0	RESIDENCE IN A FARM? S NO
3	NAME OF DECEASED (Type or print)	DANIEL	W.	Middle CRONE Z		Last		DATE OF DEATH	Novem Novem	ber	Day 8,	Year 1961
S	. sex Male	6. COLOR OR RACE White	7. MARE	RIED NEVER MARRI		b 6, 1911		9. AC	t birthdoy)		$\overline{}$	INDER 24 HRS.
L	Merchant)	kind of Business of etail Jewel	R INDUSTRY	11. BIRTHPLACE Balti	(State or for	meign country Mary			USA	AT COUNTRY?
19	Daniel W. S. WAS DECEASED EVER Yes. no, or unknown) Yes			SOCIAL SECURITY NO	. 17. INFO		nche I	. Crone-	Addres		ridge	Drive
	PART I. DEAT 4/20.1 Canditions, if an gove rise to in couse (a), stating t lying cause last.	nmediate (0)	cut Car	rena	my them	laut	eri x			72	hour
CEDTIELCATION	PART II. OTH		41.3	CONTRIBUTING TO DE						N IN PART 1	PE	AS AUTOPSY ERFORMED?
		CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter nature of inju	ury in Port 1	ar Part II at	ifem 18.)			
INCOLUMN	Hour a.m.	Month, Day, Ye	While	NJURY OCCURRED Not while		OF INJURY (Hame y, street, affice bld		of. (City or to	own)	(Co	unty)	(State
				ded the deceased			~ 4 4	1.70	causes ond			(I) (we) last oted obove.
	22a. SIGNATURE	and . Co	her		M.C	ATTENDING _	MED. DIRECT	ST	AFF IYS.		42	22b. DATE SIGNED
	NAME (Type)	IR. BERNAD	0.5	COAFN			mary	lark	v at	\$	***************************************	
2	30. BURIAL, CREMATION REMOVAL (Specify) Burial		4 .	23c. NAME OF CEM Baltimor		'ew	F	Baltim	(City, town, or ore Mar	yland		(State)
2	4. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		25o	REC'D BY	REGISTRAR	25b. REGIST	RAR'S SIGN	VATURE	

DATE NOV 1 3 '61

moy be TO HOSE VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

for for I A	
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
Baltimore MARYLA	o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town) Towson	IN 1b c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) Towson
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address	d. STREET ADDRESS e. IS RESIDENCE
1726 E. Joppa Road	1726 E. Joppa Road
NAME OF First Middle DECEASED	Last 4. DATE Month Day Year OF
(Type or print) CHARLES HOCKING CROSS	DEATH November 30, 1961
Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	June 19, 1888 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 24 HRS.
	NDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
lone during most of working life, even if retired Self employed	
FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown James Robert Cross	Dorothea L. Smith
. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	. 17. INFORMANT Address
No No None (Ifyesgivewerordetesofservice) 220-30-3761	Kenneth Cross, 1726 E. Joppa Rd., Towson 4, M
	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY YERFORMED? YES NO I
208. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m. P.m. 19 20d. INJURY OCCURRED 2 While Not While at work at work	Oe. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased saw the deceased alive on 25 Nov 19 61, and	d that death occured at.3.P.M, from the causes and on the date stated above
22a. SIGNATURE Leaves DA Treier	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIPECTOR PHYS.
NAME (Type) Chanles H. Tei	er 6701 York Trd. Belto 12 Ma
Be. Burial, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMBER Burial Dec. 4,1961 Mt. Zion	
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
John Burns! Sons, Towson, Maryland	DAMEC 6 161 Gother & King

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12258

pt				
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	E (Where deceased lived, If institution b. COUNTY	n: Residence before admission)
Baltimore	MARYLAND		5. COOM!	altimore.
b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	Maryland	outside corporate limits, write RURAL	and give nearest town)
write RURAL and give neerest town)	C. 2211311 01 3171 11 15	C. CITT OR TO WIT (II	Consider Corporate Hillis, while Route	and give median lown,
Fort Hourand	28 Days	Baltimore	27 X	
d. NAME OF HOSPITAL OR INSTITUTION (IF not in	hospital, give street eddress)	d. STREET ADDRESS		a. IS RESIDENCE
				ON A FARM?
Veterans Administrati	on Hospital	5523 Ashbou	rne Road	YES NO
3. NAME OF First	Middle	Last	4. DATE Month	Day Yeer
DECEASED			OF	
(Type or print) WILLIAM	J.	DAVIES	DEATH November	15 19 61
5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 1 8	. DATE OF BIRTH		R 1 YEAR IF UNDER 24 HRS.
			last birthday) Months	Days Hours Min.
MATE	OWED DIVORCED	August 9, 18		
	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	y & State, or loreign country) 12. (CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	I C Consormand	Dhd 3 a da 3mh	de Demmendende	II C A
	J.S. Government		ia, Pennsylvania	U. D. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Thomas Davies		Mary Jane	Gray	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17 1	NFORMANT	s, VAH, Baltimore	10 1/
(Yes, no, or unkown) (Ifyes give war or dates of service)	CLI	furcat record	s, van, Baltimore.	10, Maryland
Yes WW I	136-01-5172 FBI	RT HOWARD DIV	ISION	
18. CAUSE OF DEATH [Enter only one cause ;	er line for (e), (b), and (c).]			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	CARCINOMA OF ASC	ENDING COLON	WITTH METASTASES	UNKNOWN
IMMEDIATE CAUSE (a)	DILIOTHOLIA OF ADO	HIDEIIG COLON	MITH PHINDING	ONIMONI
DUE TO				
Conditions, if any, which) (b)				
gava rise to immediate cause				
(a), stating the underlying DUE TO				
cause lest. (c)				
	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PA	ART 1(e) 19. WAS AUTOPSY
O TAKY II. OTTEK STORMTCANY CONDITIONS	TOTAL CONTRACTOR OF THE	TREETIES TO THE TERMINA	The processing the diversity of the state of	PERFORMED?
XI				YES NO
PART II. OTHER SIGNIFICANT CONDITIONS () 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury In P	ert I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH				
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Yeer 20		CE OF INJURY (Home, farm,		county) (Stete)
Hour a.m. W	HILL THE THE PARTY OF THE PARTY	ory, street, office bldg., etc.)		
₹ p.m. 19 at	work at work			
21. I certify that 30 (this hospital) at	tended the deceased from	October 38 1	961 to November 151	967. that (1) (wa) las
saw the deceased alive on NOV 15	1, and that	death occured atp.	M, from the causes and or	the date stated above
22a. BIGNATURE				22b. DATE
1/hur stut Ca	(/ -6.)		ED. STAFF RECTOR PHYS.	77/7 SIGNED
1010 Money 500	1919	N	RECTOR FIII'S.	11/16/61
22C. PHYSICIAN'S		22d. ADDRESS		
R. H. ROBERTSON, JR.	M. D.	VAH BATTITM	ORE 18, MD., FT. HOW	ARD DIVISION
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, town or cou	unty) (Steta)
REMOVAL (Specify) BUT181	Baltimore !	National Cem.	Baltimore	28, Maryland
11/20/61			, , , , , , , , , , , , , , , , , , , ,	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	ZSa. REC	D BY REGISTRAR 256. REGISTRAR	7 S. PLANA
Wm. Cook-Blight. Inc	6009 Harford R	d. #14 DATE		4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO FUNCRAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

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The property and the property areas

Anon negrotara (1915) Indicate the month of the common and the

derra-chaustene U.B. Covernont intladelphia, Ponneylyania U. S. A.

Thomas Downess Carry Jane Carry

OLIGICAL RESORDS PRESENTATION PRESENTATION OF THE PRESENTATION OF

CARCINAL OF ASSESSED COLON WITH LUNGSIVERS. TO ANALOGO.

TE OF THE ORIGINAL DESCRIPTION OF THE PROPERTY AS THE PROPERTY

R. H. ROSEMCEDT, JR. JR. 11. VAN, MUNICIPAL IR, ID., 22. TOWNED DIVISION OF

Further to the continue to thought bent to the continue to the

M. Cook-31 grt, inc., 0009 Harlord ad., 714

	1	
TO HOSTIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	To run ERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, filled in by the funeral of run in the state Dept. Of Health prior to burial, cremation, or removal, and in any event, with the State Dept. Of Health prior to burial, cremation, or removal, and in any event, with the State Dept. Of Health prior to burial, cremation, or removal, and in any event, with the State Dept.	

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12273 CERTIFICATE OF DEATH

10						
PLACE OF DEATH	I		2. USUAL RESIDENC	E (Where decessed lived, If b, COUN		ence before edmission)
	imore	MARYLAND		yland	Baltimo	ore
	if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporete limits, writ	e RURAL end giv	re neerest town)
Fort How	t give neerest town)	6 days	X Baltimore	9 - 22		
	TAL OR INSTITUTION (if not in h		d. STREET ADDRESS			e. IS RESIDENCE
Veterans	Administration	n Hospital	2907 Dummur			YES NO L
NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h De	ey Yeer
(Type or print)	JAMES	Ψ.	DAVIS	DEATH Novemb	er]	19 19 67
. SEX	6. COLOR OR RACE 7. MARR	RIED X NEVER MARRIED B	DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEA	
36.3	TT WIDOW		March 2, 1893	lest birthdey) 68 yrs.	Months Day	s Hours Min.
Male	WILLIE	KIND OF BUSINESS OR INDUSTR		y & State, or foreign country)	12. CITIZEN	OF WHAT COUNTRY
done during most of wo	orking life, even if retired)					ACT OF THE REAL PROPERTY.
Laborer		Steel Industry	Statesville	e, N.C.	U.S.	, A •
3. FATHER'S NAME			14. MOTHER S MAIDEN N	IAML		
Luther	B. James		Ella Joh			
S. WAS DECEASED EV	ER IN U.S. ARMED FORCES? 16 (fyes give wer or detes of service)	6. SOCIAL SECURITY NO. 17. I	NFORMANT Clinic	cal Records deres	VA Heer	pital
		213-09-4380 Bal	timore 18. M	aryland - FOR	T HOWARI	DIVISION
	EATH [Enter only one couse pe	r line for (e), (b), and (c).]				INTERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY: BRO	NCHOPNEUMONIA AL	THE PHILMONIA BY	FIDEMA		1 DAY
1111		MOITOI MEMORIORER AL	I OTHIOIMILI	THE STATE OF THE S		- WAL
142	DUE TO			7-07407	,	
Conditions, it eng		ERIOSCLEROTIC CA	ARDIOVASCULAR	DISEASE		MANY YEARS
(e), steting the u	DUE TO		W. H. H. E. L.			
ceuse lest.	[6]	EBRAL THROUBOSIS				RECENT
PART II. OTHE	R SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GI	VEN IN PART 1(e	19. WAS AUTOPSY PERFORMED?
É						YES NO
PART II. OTHE 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	'AS UNDERLYING 20b. D	ESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in P	art 1 or Pert II of item 1B.)		
OR CONTRIBUTING	CAUSE OF DEATH					
		d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm,	, 20f. (City or town)	(County)	(Slete)
20c. TIME OF INJU	Wh	to at	ory, street, office bldg., etc.)		(0001117)	(51515)
	17	vork et work				
21. I certify	that X (this hospital) atte	ended the deceased from	Nov. 13	19,61 to Nov. 1	9, 19.6]	L that XI) (we) las
saw the decea	sed alive on NOV.	19 19 61, and that	death occured af		and on the	date stated above
220. SIGNATURE						22b. DATE
	1 1 3	90) W		IRECTOR PHYS.		11-19-C
22c. PHYSICIAN'S	11	6	22d. ADDRESS			
NAME (Type		wn M.D.	VAH Baltim	ore 18, Md -	Fort How	and Div.
1				23d. LOCATION (City, to		(Stete)
23e. BURIAL, CREMAT REMOVAL (Specify	ION, 23b. DATE THEREOF	23c. NAME OF CEMETERY				
Burial	11-20-61	Baltimore Na	tional Cemete	ry Baltimo	re, Mary	yla n d
24 FUNERAL DIRECTO	R'S SIGNATURE	6009 Harford, I	2Sa. REC	D BY REGISTRAR 256, RI		
William Co	ok-Blight, Inc.	Baltimore III		21 '61 and	thun S. Krai	u.A.

AS H STORESTAND find mother transfer in the rest of Salution of the salution AGUS THAN SUN ON AUG SUNSONIONE 100 NO. These of mon I was a later and a series and on the of the state of the

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12260

H	1. PLACE OF DEA				2. USU	AL RESIDEN	ICE (Whare decea	sed lived, If	Institution: Re	sidenca bafore	admission)
٦,	Baltimore MARYLAND				b. COUNTY						
	b. CITY OR TOWN	lif outside corporate limit	ts,	MARYLAN c. LENGTH OF STAY IN			yland (If outside corporet	e limits, write	RURAL end	give neerest to	wn) #
	Fort Howa			9 Days	Balt	imore			ZV	01-	4
01	d. NAME OF HOSE	PITAL OR INSTITUTION (f not in hospi	tal, give street address)	d. 51	REET ADDRESS			-	a. IS F	RESIDENCE
		Administrat			1210	West I	ranklin	Street			NO W
Н	3. NAME OF DECEASED	First		Middle		Last	4. DATE OF	Month		Dey Yes	ar
	(Type or print)	JOHN			DAVI	S	DEATH N	ovembe	r 16	19	61
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF	BIRTH	9. A	GE (In years	IF UNDER 1 Y		R 24 HRS.
	Male	Negro	WIDOWED		August	16.1891		st birthday) yrs.	Months D	ays Hours	Min.
	10a. USUAL OCCUPA	TION (Give kind of work rorking life, even if retired	d) 10b. KIN	D OF BUSINESS OR INDU	STRY 11. BIR	THPLACE (Cou	nty & Stale, or fore		12. CITIZ	EN OF WHAT	COUNTRY?
	Laborer 13. FATHER'S NAME			struction	Har	nett Co	N. Ca	rolina	U	J. S. A.	•
	Henry Day	vis			Su	sanna S	Smith				
	15. WAS DECEASED E	VER IN U.S. ARMED FOR		OCIAL SECURITY NO. 1	INFORMA	NT	res, VAH,	Address		D	
	Yes	(If yes give war or dates of se	218	3-10-0828	Baltimo	T Kecoi	Ma, VAH,	Fort E	oward	Divisio	on
1		DEATH [Enter only one			Dear Orme	16 10,	T.Box.			I INTERVAL BE	TWEEN
		TH WAS CAUSED BY:								ONSET AND	
	IMMEDIATE CAUSE (a) STAPHYLOCOCCUS PNEUMONIA, LEFT LUNG UNK								UNKNOV		
	401 X XXXX								100		
-1	Conditions, if any, which (b) MUITIPLE MYELOMA							UNKNOW	WW		
	gave rise to Imme- (a), stating the	DI DI IL TO									
	causa last.	(c)									
	PART II. OTH	R SIGNIFICANT CONDIT	IONS CONTI	RIBUTING TO DEATH BUT	NOT RELATED	TO THE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1		AUTOPSY
	8										ORMED?
	D ACCIDENT N	VAS UNDERLYING []	OOL DECCE	IRE HOW INTERVOCE	DED IF A	(lat as t	D . 1 D . 11 f	10.1		YES X	но 📗
- 1	OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)	ZUB. DESCR	RIBE HOW INJURY OCCU	KID. (Inter net	ure of injury in	ren I or Part II of	irem 18.)			
	20c. TIME OF INJ	URY Month, Day, Yea			PLACE OF INJ			town)	(Count	(y)	(Stata)
	Hour a.m.	19	While at work	Not While at work	,		1				
		that 🏖 (this hospit	al) attende	d the deceased fro	Novem	ber 7	1967 to NO	vember	16106	T that (DC	(wa) last
4		sed alive on Mye		16 1961 , and t			15M, from th				. ,
	22a. SIGNATURE	1560 and on		.4k9f., 17.5f.4k, allu 1	nai dealli d	ccured ar.		ie causes	and on m		b. DATE
	228. AGINATORE	10 2 2		11.				STAFF		7.7	1/1676
	ALVA	m / 450	M.	1-7	M.D. PHYS		DIRECTOR []	PHYS.		لملم	r/ TO/0
	NAME (Type				22d.	ADDRESS					
		TIAN RUSSO,	M.D.		VA	H.BALTI	MORE 18,	MARYLA	ND.FT.	HOWARD-	DIV
	23a, BURIAL, CREMA	TION, 23b. DATE THER	EOF :	23c. NAME OF CEMETE	RY OR CREMA	TORY	23d. LOCATIO	ON (City, to)	vn or county)		Stata)
		/1								,-	Jidie)
	REMOVAL (Specify		-6/	Ratimore Ne	tionel	Cemete	my Beltin	ore	S. Mar		,,,,,,
	Buria.	1 11-204	-6/	Batimore Na	tional		ry Baltim		28, Mar	ryland	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Buria. 24 FUNERAL DIRECTO	1 11-204	1000 1	ADDRESS		2Sa. RE	C'D BY REGISTRAL	25b. REC		ryland GNATURE	

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ARIO Many Brankling Street

DAVIS STREET STREET IN

DY CICOLAR Demons

ANGEL CHARLES SELVINGE SELVINGE SOLVERS BEST TOTAL PARTY DEVELORS

CONTRACTOR COURSE SUCCESSION OF THE SAME

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mitted // 22-3/ Brunese Mettonel Consterr Luletzers 29, Maryand

January Contracting Production of White

TO HOTERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Let may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after permit.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORES, MARYLAND CERTIFICATE OF DEATH

		PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Res	dence before edmission)			
1		a. COUNTY Baltimore MARYLAND	•. STATE Maryland b. COUNTY Anne Arundel				
		b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL and g	Ive neerest town)			
		Catonsville lmth2dvs	Glen Burnie				
-		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	a. IS RESIDENCE			
6		SPRING GROVE STATE HOSPITAL	1515 Tiemon Drive	YES NO X			
		NAME OF First Middle DECEASED	Lest 4. DATE Month	Dey Year			
		(Type or print) Grace Del	Brocco DEATH November 6	1701			
ы	5.	SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YE lest birthdey) Months Da				
		female white widowed DIVORCED	Feb. 2, 1899 62 yrs. Months	ys Hours Min.			
	10e do	e. USUAL OCCUPATION (Give kind of work during most of working life, even if refired) New Seamstress Mens Clothing Fact	tory Italy 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZE	N OF WHAT COUNTRY?			
		FATHER'S NAME	14. MOTHER'S MAIDEN NAME	L,y			
1		Jack Montalto	Agatha Buroco				
1			INFORMANT Address				
	(Ye	unknown ((Ifyesgivewerordetesofservice) 215-03-7946 Re	cords: SPRING CROVE STATE HOS	PITAI.			
		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),	January Commission of the state	INTERVAL BETWEEN			
		PART I. DEATH WAS CAUSED BY: Renal Puils		ONSET AND DEATH			
		Managarite choose (e)	re · unura	4 aug			
		DUE TO DIC HOLE M	offitus	21			
н		Conditions, if eny, which gave risa to Immediate ceusa	etter ujs				
Н		(a), steting the underlying DUE TO					
9		couse lest. (c)					
	NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	ρ Ι Δ.	a) 19. WAS AUTOPSY PERFORMED?			
	CAT	frenosclerous; duleft-hip	fracture January 1961	YES NO			
Ħ	CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	Whenter neture of injury in Part I or Part II of item 18.) Cours button recluction of woll	lity			
н	AL	20c. TIME OF INJURY Month, Day, Year V2Dd. INJURY OCCURRED 20e. PLA	<u> </u>				
	MEDICAL	Hour a.m. A 19 anus 19 6 While Not Whila fact	ory, streat, office bldg., etc.) Genturie	Marghay			
		21. I certify that (this hospital) attended the deceased from	Aug. 16 , 1961, 10 Nov. 6 , 1961	., that (I) (we) last			
		saw the deceased alive on Nov. 6 19.61, and that					
4		22e. SIGNATURE		22b. DATE			
		STELLA Wachsler M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 11-	6-61 SIGNED			
		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS SPRING GROVE STATE	HOSPITAL			
		Stella Wachsler, M. D.	Gatonsville 28, Mary	and			
0	23e	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(State)			
1	Bu	REMOVAL (Specify) 11/9/61 Holy Redeemen	r Cemetery Baltimore, Md.				
4		FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	SNATURE			
1:	1	6. Vernon Lemmon 4611 Park Heights Ave.	. Balto DATENOV 8 '61 Chilling & H	To the same of the			
	-						

---- Scaubenes and Chothin: Peters

11/9/61 Holy whener comovery Belianors, M.

Line of the state of the state

WOULD THE TAX

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist.(N6) 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO 4. DATE Month Yeor OF DEATH 00 1961 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Hours 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. AIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME unknown 006 Eldorgo INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County)

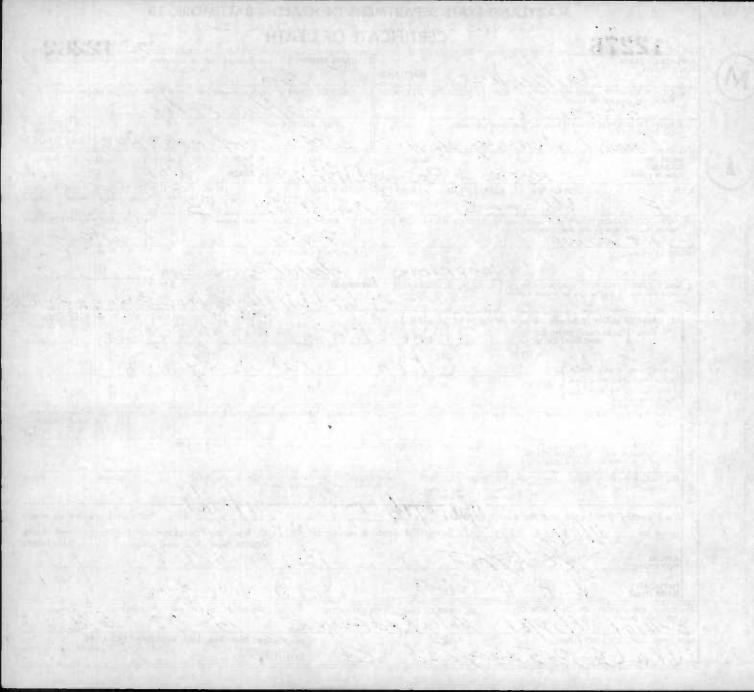
19___,that I last saw the deceased

fram the causes and on the date stated above. ADDRESS (Street, city or, town,

22d. LOCATION (City, town, of county)

24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE NOV 2 1 '61 Cirthur S. Thank (Stote)

VS A15 (4) 15M 9/5B



VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12263

. PLACE OF DEATH		
a. COUNTY	2. USUAL RESIDENCE (Whara deceased lived, If institution: Re	asidenca bafora admissio
Baltimore MARYLAND	Maryland Tal	lbot
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and	
write RURAL and give nearest town)		20x-1
Owings Mills 8 years	St. Michaels	1011
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENC
Rosewood State Training School	Chew Avenue	YES NO .
NAME OF First Middle	Last 4. DATE Month	Day Year
Type or print)	Death 33	10/7
Rever!v Jean	Dornton	6 19 61
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 Months D	YEAR IF UNDER 24 HRS
Female White WIDOWED DIVORCED	3/18/50 11 yrs. Monins	nours Mills
Da. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZ	ZEN OF WHAT COUNTR
fona during most of working life, even if relired)	To alice Manual and	U.S.A.
dependent none		U.D.A.
D. TAIREN S NAME	14. MOTHER'S MAIDEN NAME	
Clyde Warner Dornton	Jean Beverly Kelmon	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I		
fes, no, or unkown) (Ifyesgivewarordatesofservice)	Paramod Pasanda Orringa 1	Mille Ma
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Rosewood Records, Owings	INTERVAL BETWEEN
BARBA BRANCALLA GALLAGE AV		ONSET AND DEATH
IMMEDIATE CAUSE (a) Aspiration pneumon	nitis	l day
DUE TO		
	(1 (-77	0
	tion (allergy and emphysema)	o vrs.
gave rise to immediata cause	tion (allergy and emphysema)	8 yrs.
gave rise to immediata cause (a), stating the underlying DUE TO	tion (allergy and emphysema)	8 yrs.
gave rise to immediate cause (a), stating the underlying DUE TO cause last. (c)		
gave rise to immediate cause (a), stating the underlying DUE TO (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPS
gave rise to immediate cause (a), stating the underlying DUE TO (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	
gave rise to immediate cause (a), stating the underlying DUE TO (c)	of related to the terminal disease condition given in part birth)	1(a) 19. WAS AUTOPS PERFORMED?
gave rise to immediata cause (a), stating the underlying cause last. DUE TO (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPS PERFORMED?
gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO Atonic diplegia congenital (since 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	of related to the terminal disease condition given in part birth) . (Enter nature of injury in Part I or Part II of item 18.)	1(a) 19. WAS AUTOPS PERFORMED? YES NO
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A William Control of the Control of district . t MUDDAYA NOVEMBER OF DEVENTE NATIONAL PROPERTY. Sept. Transport of the . 1.8.1 mental without made and the second s SHREAD AND SAIL COCK Many County of the County of t worth the Property of the State of it is much that I years in the market by TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be soined by the haspital or attending physician.

TO FUNKWAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 hours, after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERT	IFICA	TE	OF	DE	ATH

1226		CERTIFICA	IE OF DEATH			1226	34
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (WI			Residence befo	ore admission)
Ba:	ltimore	MARYLAND	o. STATE Mary	land	b. COUNTY	Balt:	imore
b. CITY OR TOWN (III	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate lin	nits, write RURA	L ond give ne	arest town)
Sparks	rural	10 yrs.	Spark	s rura	1		
d. NAME OF HOSPIT. OR INSTITUTION Yeoho	AL (If not in haspital, give street Rd .	t oddress)	d. STREET ADDRESS Yeoho	Rd.			e. IS RESIDENCE ON A FARM? YES NO
B. NAME OF	First	Middle	Last	4. DATE	Month	Dr	ay Yeor
(Type or print)	Peter Ro	b Drummond		OF DEATH	1	1-15-	19 6
S. SEX	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	1 1 1 1		R IF UNDER 24 HRS
male	white widow	VED DIVORCED	4-9-1897	1031	64 yrs.	onths Days	Haurs Min.
0a. USUAL OCCUPATIO	ON (Give kind of work done 10bing life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or fareign cauntry)		12. CITIZEN O	F WHAT COUNTRY
		Smelting Co.	Scotland	, Engla	nd	U	.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			
Wm.	Drummond		Mary Poo	le			
	R IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17. IP	FORMANT		Address		
no		9-12-9738 R	uth J. Dram	mond,	Spark	s, Md	•
18. CAUSE OF DEA	TH [Enter only one couse per I						ERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Cernia					days
592	DUE TO			7117037	130		1
Conditions, if as		ronic nephra	tis			4	2 years
gave rise to it cause (a), stating							-0
lying cause lost.) (c)			Maria Barrier			
		contributing to DEATH BUT		NAL DISEASE CON	DITION GIVEN	IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCURRE	(Enter nature of injury in	Part I or Port II of	item 1B.)		
		f a	ACE OF INJURY (Home, form	, 20f. (City or tax	vn)	(County) (Stote
Hour o.m.	19 White	e Not while ork of work	sion, sinder, enrice bregg, ene				
	t (1) (this hospital) atten	ided the deceased from	May 19				
220 SIGNATURE	3/		leon occurred ortal	yw, nom me d	louses ond c	on the dole	22b. DATE
House	les Lockard		M.D. ATTENDING M.D. PHYS.	ED. STA	YS.		SIGNE
22c.PHYSICIAN'S NAME (Type)	J. DOUGLAS LO	CKARD, M.D.	902 Cat	hedral St	reet, B	alto.,	1, Md.
23a. BURIAL, CREMATIO	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town, or co	ounty)	(State)
Burial (Specify)	11-17-61	Cedar Grove		Parkt	on, Md		
24. FUNERAL DIRECTOR'		ADDRESS	25o. REC'	D BY REGISTRAR	25b. REGISTRA	R'S SIGNATU	JRE
Brooks Fu	neral Service	e, Towson 4,	Md . DATE	NOV 2 0 '61	0.1	1 0 4	



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O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4		OFUNER DIRECTOR: After this certificate has been signed by the attending physician and completely filled y the funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with
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O HOSP	may be the haspital ar attending physician.	D FUNE	poge 3
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1		1	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18	
ء ج	2	L	12279 Item 7 Film G301 CERTIFIC	ATE OF DEATH Reg. DA	2265
l director filed wit	(M)	1.	COUNTY CASTANCE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residen a. STATE b. COUNTY	ce before admission)
uneral	V		C. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. CHY OR TOWN (If outside corporate limits, write RURAL and	give nearest town)
y the fu d 2 should	90		I. NAME OF HOSPITAL (If not in hospital, give street oddress) OR ANSTITUTION HOUSE IN MES	d. STREET ADDRESS. 1727 Colover Road	e. IS RESIDENCE ON A FARM? YES NO
y filled y oges 1 on	(1)		IAME OF First PRECEASED Type or print) ABRAHAM DUKE	HART 4. DATE Month OF DEATH 11 -	23- 1961
pletely ers. Pog		5. 5	cale white WIDOWED DIVORCED	12/12/1874 86 D/ //yrs. Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
and con	death	/	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Werns Furnus	hung Kussia 1	IZEN OF WHAT COUNTRY?
sician o	ars offer		Jalman	Wot Known	
ing phy	/2 hou	15.	MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give war or dates of service)	eon Dulchart - ba	me
he attendi			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Magazina dead See	sufficiency	INTERVAL BETWEEN ONSET AND DEATH
ned by flermit. T	any ev		Conditions, if any, which gove rise to immediate DUE TO	prohis Vaseules Disease	1571
sian.		7	lying couse lost. (c)		
physic as be	igval,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED? YES NO
ficate h	io ,	L CERTIFI	20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II af item 18.)	
al ar at this cert r use as		MEDICA	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Nat while of work of work	LACE OF INJURY (Home, form, 20f. (City ar town) (catory, street, office bldg., etc.)	County) (Stole)
e hospil	מומו, מ		21. I certify that I attended the deceased from 11-2 alive an 11-22-, 1961, and that deat	5, 1961, to 11-23-, 1961, that I h occurred at 15/19 M, from the causes and an ti	last saw the deceased
RECTOR be dete	0		ACTUAL Melmin Ki Gallager	M.D. 6209 Frederich Que	PATE SIGNED 11/24/61
should	g rote		PHYSICIAN'S Wilmer K. Gallager	Ballinga- 28, m	d .
may be	De le	220	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY (MEMOVAL (Specify) 11-24-61 ROJECT	OR CREMATORY 22d. LOCATION (City, town, or county)	Ma (State)
VS A15 (4) 15M 10/57		23.	TUNERAL DIRECTOR'S SIGNATURE 2100 Entrew	Place 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

19966 12266

1. PLACE OF DEATH a. COUNTY	1	2. USUAL RESIDENCE (Wh		Residenca bafora admission)
Baltimore	MARYLAND	Maryland	b. COUNTY	_ /
b. CITY OR TOWN (if outside corporate limits.	c. LENGTH OF STAY IN 16		e corporete limits, write RURAL ar	nd give nearest town)
write RURAL and give nearest town)				YO 1 - 1
Fort Howard	5 Days	Baltimore d. STREET ADDRESS	24	Is prespection
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, giva streat address)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?
Veterans Administration Ho	ospital	1639 Fleet St	reet	YES NO X
3. NAME OF First DECEASED	Middle	Last 4. DA	TE Month	Day Year
(Typa or print)	TOT	DE	ATH	13 19 61
5. SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8.	MBROWSKT DATE OF BIRTH	November 9. AGE (In years IF UNDER	
			last birthday) Months	Days Hours Min.
Male White WIDOWE	DIVORCED DIVORCED CINDUSTRY	September 25,188	37 74 yrs.	TIZEN OF WHAT COUNTRY
10a. USUAL OCCUPATION (Giva kind of work dona during most of working life, evan if retirad)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Sta	le, or foreign country) 12. CI	ITIZEN OF WHAT COUNTRY?
Shoe Repairman Sk	noe Shop	Poland		U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		VI DI 11
Adam Dumbrowski		Josephine Sta	iak	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	FORMANT	Address	70 14 7 7
Yes WW I				10, Maryland
18. CAUSE OF DEATH [Enter only one cause par	line for (e) (b) and (c)]	ORT HOWARD DIVIS	SION	INTERVAL BETWEEN
DARK BEARWAY CALLERD BY		AT A REFE TOTOTER (A		RECENT DEATH
IMMEDIATE CAUSE (a) PULL	QNARY CONGESTIO			
DUE TO ARTE	RIOSCLEROTIC HE	ART DISEASE		UNKNOWN
Conditions, if any, which (b) NEPH	ROSCIEROSIS, AF	TERIOSCLEROTIC		UNKNOWN
gava rise to immadiate causa				
(a), stating the underlying causa last.				
PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PAR	RT 1(a) 19. WAS AUTOPSY
Benign Prostatic Hyp				PERFORMED?
2				YES X NO
Benign Prostatic Hype 200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED.	(Entar neture of injury in Part I or	Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Yaar 20d. While Hour a.m. 19 at wor			(City or town) (Co	ounty) (State)
Hour a.m. While		y, straat, offica bldg., atc.)		
	rk at work		30. 3 3.0	(2
21. I certify that (IX (this hospital) attentions the deceased alive on November	ded the deceased from	November 8, 19, 61	loNovember13 19	P.O.L that (文 (we) last
saw the deceased alive on November	13.19.61, and that	death occured at	from the causes and on	the date stated above.
22a. SIGNATURE	1	ATTENDING MED.	STAFF	22b. DATE
Thomas V	rahan M.E			11/13/6
22c. PHYSICIAN'S	,	22d. ADDRESS		
THOMAS F. CRAHAN, M.D.		WAH Beltimor	brothman Br or	Pt House and Dis-
THOMAS F. CRAHAN, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O		re 18, Maryland LOCATION (City, town or coun	
REMOVAL (Specify)				
Burial //-5-0/	Baltimore Na			8, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		REGISTRAR 256. REGISTRAR'S	
Wm.Cook-Blight.Inc6009	Harford Rd. Ral	to14. Md PANOV 15'	61 arihur S. 1	Trans

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death go 4 may be retained by the hospital or attending physician.

Yellow ERAL DIRECTOR: After this certificate has been signed by the attending physician and completed filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

within 24 hours after

Preside Staff

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Thomas Viralian

THORNE F. CAMELE, M.D.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Item 13 Film G300 461 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased livad, If institution: Rasidenca bafora admission) a. COUNTY a. STATE b. COUNTY Baltimore Md. Baltimore MARYLAND b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Halethorpe (Halethorpe) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Second Avenue 5712 Second Avenue YES NOXX 3. NAME OF Middle DATE Yaar DECEASED (Typa or print) Clinton Base Eck Nov. 1961 DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months male Hours WIDOWED [DIVORCED Wrs. 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratirad) Western Electric U. S. A. supervisor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME XXXXXXXXXXXX Eck Sally Shaffer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (wife) Addrass (Yas, no, or unkown) | (Ifyas giva war or datas of sarvica) Mrs. Ethel O. Eck 5712 Second Ave. #27 no 18. CAUSE OF DEATH [Entar only ona cattle per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: tuo IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava risa to immadiata cause DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20a. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20f. (City or town) (County) (Stata) factory, streat, offica bldg., atc.) Whila Not Whila Hour a.m. at work at work p.m. to N. O. q - , 19 01, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from......, saw the deceased alive on...... 22a. SIGNA NURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 1014 Frederic Beitler, M. D. Francis Avenue 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify) Elkridge, Maryland Meadowridge Cemetery Buria. 258. REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

NOV 1 3 '61

DATE

arthur S. Kraus

ADDRESS

Howard H. Hubbard 4107 Wilkens Avenue

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24 FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATION

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recersic soluter, M. J. 1014 Francis Avenue 27

turial 11/11/1 Mandowr dge Cenorce, 11/11/1 Howard M. Wobard 4107 Milkens Avenue

rs after death. Page 4 by the funeral director, and 2 should be filed with may be fained by the haspital or attending physician.

FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages I the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 hours after death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 TO HOSPITA

VR A1S (4) 1SM 9/59 12282

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12268

	V		
1)	1	a. COUNTY /2 //	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY 13
X	1	10007711110110	Ma. wastimone
-	X	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1)5	7	Cockeysville 74vs.	/////////////////// Baltimore 15, Md.
	T	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS 3731 Columbus Drive e. IS RESIDENCE ON A FARM?
)(0	Manyland Masonic Home	11/4/HHALHIND//TYX/14/4/ YES NO B
13	3	3. NAME OF First Middle	. Last 4. DATE Manth Day Year
-		OFFICE ASED (Type or print) Freda Ella E,	dman Death November 27 1961
1		THE TAX TO SELECT THE TAX TO S	DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. In the state of the state o
	2	Frmale White WIDOWED & DIVORCED 3	Tuly 8, 1882 Iast birthday) Months Doys Haurs Min.
	21	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY?
6	20	during mast af warking life, even if retired)	Manylana. USA.
	Ti	13 FATHER'S NAME	4. MOTHER'S MAIDEN NAME
	5	Jacob Henry Expler	Fredericka Contes
7	7	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFO	
G	8		Masonie Home Records.
	1 =	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
-	2	PART I. DEATH WAS CAUSED BY: GENERAllized at	TO MI ACCUROSII
ì	Y		Terra Clarati
	1	450.0 DUE TO V	
,	K	Conditions, if ony, which (b)	
	2	couse (o), stoting the under-	
15	4	lying couse lost. (c)	
1	1		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
1	7	3 Fracture - intertrochanteric, K	+ Bemun, commence tod. Aus & YES NO
-	1	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Part I or Port II of item 18.)
(2	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
7	8		OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote) y, street, office bldg., etc.)
3	3	Hour a. m. While Nat while tactory p, m. 19 of work of work	y, street, office bidg., etc.)
1.	1	~	et 1061 Nov 1061 that (1) (1)
0	7	21. I certify that (I) (this haspital) attended the deceased from.	19-11, mar (I) (we) last
	1		th occurred a 1123 M, fram the causes and an the date stated abave.
	4	220. SIGNATURE	ATTENDING MED STAFF SIGNED
2	1	22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. D
A	9	Elizabeta B. Shernill M.D	Cock eys will Md.
1	1	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR C	REMATORY 23d. LOCATION (City, town, or county) (Stote)
3	3	REMOVAL (Specify)	
	7	BURIAL 11-30-61 Loudon Park 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery Baltimore 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
8			
1		Wm. Cook, Inc., 1217 St. Paul Street, Zone	2 DATE NOV 2 9 '61 Cring & House

PUBSIS E and the state of the when Partie Company of the Angles of the World of the 12. (30% 1 mg/s) 12. [14.] \$ 2. (4.) (4.) (4.) (4.) (4.) (4.) (4.) (4.) (4.) (4.) (4.) (4.) (4.)

TO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pours after death. Page 4 may be used by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board at Health priar to buriol, cremation, or remayal, and in any event, within 72 hours affected.

VR A1S (4) 1SM 9/S9

12283

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12269

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryl			nce before odm Ltimore	ission)		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL— Randalls town	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Randallstown						
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION Box 244, Liberty Road		d. STREET ADDRESS Box 244, Li	berty Roa	d	ON	ESIDENCE A FARM?		
3. NAME OF DECEASED (Type or print) Mr. Paul	Middle	El der	4. DATE OF DEATH NO	Month vember	Day 5,	Yeor 19 61		
36.3 300 113	RRIED NEVER MARRIED X	8. DATE OF BIRTH June 19, 188	last	birthday) Months	Doys Hour			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Specialist 13. FATHER'S NAME	Md. Drydock	JSTRY 11. BIRTHPLACE (Stote Beltim 14. MOTHER'S MAIDEN N	ore	12. CI1	U.S.			
Henry C. Elder 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war or dates of service) NO		Catheri NFORMANT Irs. Maude E.	ne McCarr Dittus, R	and Address T.	iberty l	Road		
Conditions, if any, which gave rise to immediate couse (a), stating the under: Ving couse lost. Co. Part II. OTHER SIGNIFICANT CONDITIONS	PORONARY RTERIOSE	INSUF		NCY SCULAR DI-	47 SEASE RT 1(0) 19. WA PER YES 1	OKMEDI		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a. m. Whil	e Not while fo	ED. (Enter nature of injury in LACE OF INJURY (Home, form actory, street, office bldg., etc.	n, 20f. (City or tow		(County)	(Stote)		
21. I certify that (I) (this haspital) after saw the deceased alive on 2200 FIGNATURE 22. PHYSICIAN'S NAME (Type) Dr. Romulus V.	19 and that	death accurred at	.M, fram the c	auses and an th	e date state	1		
23o. BURIAL, CREMATION, 23b. DATE THEREOF Burial 11/8/61	23c. NAME OF CEMETERY (Loudon Park	Cemetery	Baltim		Maryl	note)		
24. FUNERAL DIRECTOR'S SIGNATURE Loring Byers	8728 Liberty F Randallstown,	load	D BY REGISTRAR 9 '61	25b. REGISTRAR'S S Outlan S. 1				

Setto Hill at confidence - Landa Live Council a Contract of Contract Mac of the trace of the trace Dool Craudil Junior of the contract of the contrac The state of the s Ta Patte portrain action (get) Billion Married 54 , W.S. Sco. The court will will be the court will be the court of margaretis in the state of the order and the grown way that mond a see It will learned Lering Dyors | Company | C

FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY director. Page b. COUNTY is necessary, files. MARYLAND b. CITY OR TOWN lif outside corporete c. LENGTH OF STAY IN 16 outside corporete limits, write RURAL end give neerest town) 10 5 in hospital, give street eddress) e. IS RESIDENCE ON A FARM? HOME YES NO "s Office along within 24 hours after death. If are's Office along with form PM3. Page 5 may be retiemental, and in any received. NAME OF Middle DATE DECEASED (Type or print) DEATH 196 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED [9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED birthday) Months WIDOWED E DIVORCED 11. BIRTHPLACE (State or foreign country) 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Birmingham, Ala. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown MEDICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH REBRO-VASCULAR HOCIDENT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) TERIOSCUELOTIC CHADIOVISCULAR DISEASE removal "pending" geve rise to immediate cause DUE TO (e), stelling the underlying should be forwarded to the Chief Medical Examiner' FUNERAL DIRECTOR: Page 3 should be used as cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? cute the certificate, writing the word NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, Month, Dey, Yeer 958 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) 0 While Not While Hour a.m. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy agent, Natural causes V. Accident Suicide death resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER Nullance Pressun designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) TO DE REMOVAL (Specify) Mt. Aubufn Baltimore, Maryland ò 940 Burial 12-1-61 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME arthur & Traves 802 Madison Ave., Balto., Md. 5M 7/59 Charles R. Law

MARYLAND STATE DEPARTMENT OF HEALTH

MITATINE TO THEM YEARTH STATE OF STREET 311111 = 11107 Commence Commence Allerda Head Carried Street, Street SEARCH SELECTION OF THE WAY TO BE 735454 TREMEDIT W. LESS OF THE BUTT I THE THE STATE OF THE CONTRACT OF THE STATE " statement of the teaching the 11-17-6 Vander - and the same and the

FOR STATE DEP TO DE ITY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If a lelay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the sheral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit—file pages 1 and 2 with the State Board of Heavh, a feetanated agent, a price to burial, cremation, or removal, and in any event within 72 hours after death. or its designated agent, prior to burial, cremation, or removal, and in any event

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH 1000 STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10004

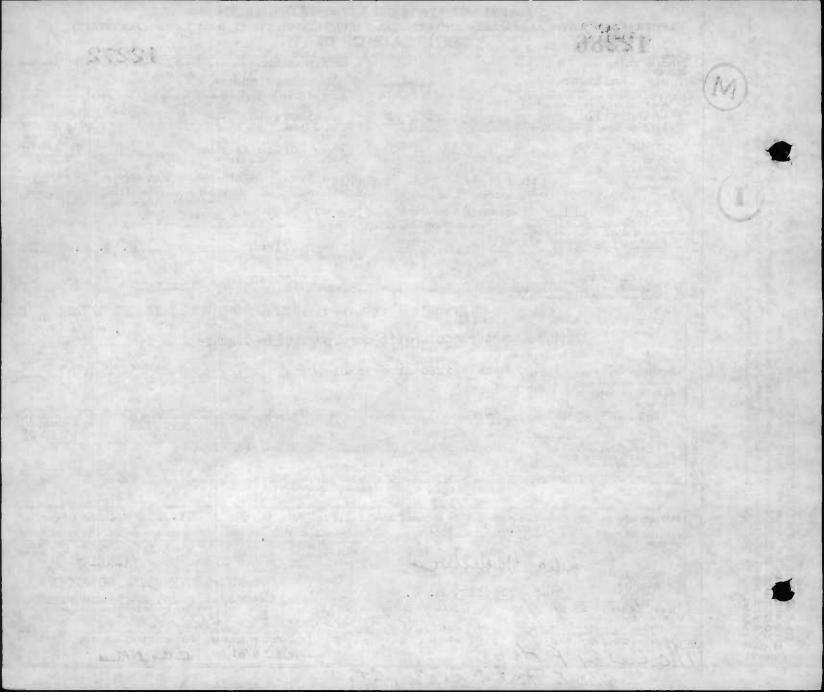
			Item		0 11/10/	61 20						
	. PLACE OF DEATS	1			2. USUAL HE	SIDENCE (W)	here deceased			dence before	admission)	
	Ba	ltimore		MARYLAND	STATE Maryland Baltimore							
) [b. CITY OR TOWN (b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)					
	Sparrows P	oint			X	Baltime	ore-1)					
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)			d. STREET A	d. STREET ADDRESS I e. IS RESIDENCE							
	Bethlehem	Steel Co. Di	spensa	ry	1 262	0 Burr	idae	Road	d		A FARM?	
3	NAME OF DECEASED	First		Middle	Last	4. D	ATE O	Month	D	ey Yea	ır	
	(Type or print)	Joseph		N.	Ellard		EATH	Nov.			61	
2	5. SEX	6. COLOR OR RACE 7.	MARRIED X	NEVER MARRIED	8. DATE OF BIRTH			(In years	IF UNDER 1 YE		R 24 HRS.	
	Male	White	WIDOWED T	DIVORCED	11-26-1	\$1P/ 10	72 48)	Months Dey	/s Hours	Min.	
		ION (Give kind of work	1Db. KIND (OF BUSINESS OR INDUST	RY 11. BIRTHPLAC	E (Stele or forei	10		12. CITIZE	N OF WHAT	COUNTRY?	
1	Anna .	rking life, even if retired)	0.		0,1				1	ICA		
-	Forema	n	Ste	eT	Ytal	4			U.	SH		
1	3. FATHER'S NAME				14. MOTHER'S A	MAIDEN NAME						
	Harry	llardo			Not	known						
		ER IN U.S. ARMED FORCE		IAL SECURITY NO. 17.	INFORMANT			Address				
1	res, no, or unkown,	I yes give wat or dates or serv	ice)	0	oris E.	Ellana	10		same.			
=	I 18. CAUSE OF D	EATH [Enter only one ca	use per line fo			Coccoca	/		1	INTERVAL BE	TWEEN	
	PART I. DEAT	H WAS CAUSED BY	(on	CONARY	Occ	Lusia	N			ONSET AND	DEATH	
	420.1	DUE TO		/								
	Conditions, if any											
	geve rise to immediate cause											
	(a), stating the u	nderlying DUE TO							200			
	cause last.) (c)_										
2	PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTRIB		OT RELATED TO THE	E TERMINAL DIS	EASE CONDI	TION GIV	EN IN PART 1(e		AUTOPSY	
F			/	VOIVE						YES T	NO IT	
NOTA DISTA	20a. EXTERNAL CA		DESCRIBE H	OW INJURY OCCURED.	(Enter nature of injur	ry In Part I or Pa	ert II of item 1	B.)			4-	
			1/1	h/-								
14	20c. TIME OF INJU	RY Month, Day, Year			ACE OF INJURY (He		. (City or tov	vn)	(County)		(State)	
MEDICAL	Hour a.m.	19	While at work	Not White 19	ctory, street, office bl	dg., etc.)		/				
1		eat I took charge of			eld an Autoney	Inspec	ction D	Inquir	· [] / 3	nd in my o	mining	
	death resulted i					nicide ,		mined m		nd in iny c	рипоп	
1	1	2- 0	_		CHIEF M	EDICAL EXAMIN	IER 🗆					
- K	ACTUAL	MAA	111	-					1	DATE SIG	33100	
	SIGNATURE _	1 d D	Nov.		M.D.	NT MEDICAL EX			11/0	MATE SIG	SMED	
-10	EXAMINER'S	W D D- '-	26 D		DEPUTY	MEDICAL EXAM	INER L		11/2	16/		
	NAME (Type)	M. B. Davis				(Street, city, tow			1 /	, 0,		
2	2a. BURIAL, CREMATIC REMOVAL (Specify	N, 22b. DATE THEREOF	22c.	NAME OF CEMETERY C	OR CREMATORY	22d. L	OCATION (Cily, lown,	or country)	(Stel	le)	
1	burial	11-7-61	Ma	reland Mer	n. Park	Bo	Stimo	ne.	Md.			
	3. FUNERAL DIRECTO	R	1.10/	ADDRESS	2	4a. REC'D BY R	EGISTRAR	24b. REGI				
	Leonard	1 Q Ruch	5205	Hartord R.	oad #140	NOV 7	'61	and	lun S. the	aus		
1 =	LEUILULU	J. MULIT	יניננ	Total Til	11 40	VIE						

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12286 CERTIFICATE OF DEATH

	PLACE OF DEATH		2. USUAL RESIDENCE	E (Where deceased	lived, If institutions	Kesidente before admission)
1	Baltimore	MARYLAND	e. STATE Mar	vland '	b. COUNTY	
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16		foutside corporate lim	nits, write RURAL er	nd give nearest town)
	Catonsville	2yrlmth2dys	Baltimore		31	111-4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS			. IS RESIDENCE
		SPITAL	3535 Horto	on Avenue		YES NO
	NAME OF First DECEASED	Middle	Last	4. DATE	Month	Dey Yeer
	(Type or print) Ethel	F	eehley	DEATH	Novemb	per 2819 61
5.	SEX 6. COLOR OR RACE 7. MARRIEI	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers IF UNDER	
	female white WIDOWE	DIVORCED _	Dec.27, 1899	9 61	yrs. Months	Deys Hours Min.
10a dos	. USUAL OCCUPATION (Give kind of work to during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Count	ty & Stete, or foreign	country) 12. Cl	TIZEN OF WHAT COUNTRY
	housewife		Maryla	and	II.	S. A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN			
	unknown		unkno	าพา		
		SOCIAL SECURITY NO. 17. I	NFORMANT	***************************************	Address	
(10	s, no, or unkown) ((ffyesgivewerordetesofservice) unknown	nknown Re	cords: SPRII	NG GROVE	द्रमात्र मास्य ध	TAPLICE OF
-	18. CAUSE OF DEATH [Enter only one couse per li		cords: prum	NO GROVE	STATE H	OSPITAL.
	BARTA REATH WAS CALLED BY			34		ONSET AND DEATH
	IMMEDIATE CAUSE (a) AT GE	eriosclerotic o	cardiovascula	r disease		
	J-1 DUE TO					
	1-1	eralized arter.	iosclerosis			
	(a), steting the underlying DUE TO					
	ceuse lest. (c)					
NOIT	PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE CONDIT	ION GIVEN IN PAR	PERFORMED?
5						YES NO X
CERTIFICATION	206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	, (Enter nature of injury in f	Pert I or Pert II of item	18.)	
14	20c. TIME OF INJURY Month, Dey, Year 20d.		CE OF INJURY (Home, farm		n) (Co	unty) (State)
MEDICAL	Hour a.m. While et work	THOU WHITE	ory, street, office bldg., etc.)	765	
ы	21. I certify that (this hospital) attend	ded the deceased from	July 220 ,	1959 toNo	OV. 28., 19	6.1 that (I) (we) las
	saw the deceased alive on Nov. 2	5 1961 and that	death occured at	M. from the	causes and on	the date stated above
	22a. SIGNATURE					ZZb. DAIE
	Salla Wall	uster "		RECTOR PHYS		-28-67 SIGNED
	22c. PHYSICIAN'S	M M	22d ADDRESS	1000000		
	NAME (Type) Stella Wachs	ler M. D		SPRING GRO	OVE STÆ	HOSPITAL
				23d. LOCATION		y land (State)
23a	BURIAL, REMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	LUCERP		alls.	ity) (State)
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a DEC	,	25b. REGISTRAR'S	SIGNATURE
12	Ma 12 1 Harry	UNNUIS				
/	11c welly F. Mores	1		2 0 0 1	arthur S. A	hous
	130 E Fort a	rue 30, a	ty.			



12287

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg. Dist No 273

										1 / 100/		3.7
1. PLACE OF DEATH o. COUNTY Baltim	nore		MARY	LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland							
RURAL and give	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore			IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore							
d. NAME OF HOS	PITAL (If not in hospital,	give street	oddress)		d. STREET AD	DRESS	iry Ros	ad		e.		IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fi	rst /	Middle		Last		4. DATE OF DEATH	Mon		Doy	١	Year
S. SEX	BENJA		BENNY) HED THE NEVER MARRIE	PETT	. DATE OF BIRTH		DEATH	9. AGE (In years	IF UNDER			19 61
Male	White	WIDOW			April 26	, 19	906	lost birthday) 55 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUST	TRY 11. BIRTHPLA	CE (Stote	or foreign co	ountry)	12. CIT	IZEN OF	WHAT	COUNTRY
Proprie		" D	rapery Busi	ines	5 Aus	tria	1.		U	ISA		
13. FATHER'S NAME	1601			-	14. MOTHER'S A	AIDEN	NAME					
Isaac	Feit.				Molli	0 ?						
15. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT			Add	ess			
Yes	(If yes, give wor or dates of	ervice)		Mrs	s. Rebecc	a Fe	eit- 79	906 Milbu	ry Ro	ad	332	
	EATH [Enter only one co	ouse per li	ne for (o), (b), and (c).]		n					INTER	VAL BE	TWEEN
PART I. D	EATH WAS CAUSED BY: IMMEDIATE CAUSE (c)	Jean 1	Ten	leare					Olase	I AND	DEATH
420.	DUE TO				1	/ - /	11	4.0		(0	
Conditions, if		, (Proces.	es A	clasor	ce K	Least	X Dise	Case	95-6	= 40	ales
gove rise to couse (a), statin lying couse los	g the under-			1								
	THER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT N	NOT RELATED TO	HE TERM	INAL DISEASE	E CONDITION GIV	EN IN PAR		PERFO	AUTOPSY PRMED?
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCU RRED.	. (Enter noture of	injury in	Port I or Port	t II of item 18.)				
20c. TIME OF INJU	JRY Month, Day, Ye	ar 20d. II		20e. PLA	CE OF INJURY (Hory, street, office	ome, form	n, 20f. (City	or town)	(0	County)		(Stote)
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21. I certify	that I ottended the	deceos	ed from		, 1954,	to 1	700	, 196	that I	lost say	v the	deceose
alive on 2	2019	. 19	L_ and that	death	accurred of	3 4						
	,		0.4					reet, city or town,		ile doie		ATE SIGNE
ACTUAL	Loonasa	10	C.Rua.	N	1.0. 101	0 3	CKIP	and !	B.X.			
PHYSICIAN'S NAME (Type)	Leonard C	Akman										
REMOVAL (Specif			22c. NAME OF CEME					ION (City, town, o		3	(Stote	b)
Burial 23. FUNERAL DIRECTO	Nov 14/6		Agudas Ac	HIM				dale, Ma				
	ncon & Desc	Т	1.1	. 73		24a. REC	D BY REGIST	10.1	ITAK S SIG			
LOOI LOTTE	DEAN K. LINA	1.90.0	(m/11/1) Ab-2 -	1000		TATE			- MANAGE	4 77	- H2	

by the funeral director, ad 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the Ideath certificate be executed within 24 hours ofter death. Page 4 moy be trained by the hospital or ottending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 at the registror prior to burial, cremation, or removal, and in any event within 72 haurs ofter death. TO FUNE

PRESCRIPTION OF DEATH		A P C C C C C C C C C C C C C C C C C C
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RYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND AL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH e. COUNTY b. COUNTY ALTO a. STATE ral director. Page ALTO. MARYLAND me 13 c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and giva neerest town) b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) for your OWSON OWSON d. STREET ADDRESS Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) EUDOWOOD be refained LANF State DWOOD) death 3. NAME OF DECEASED OF the DEATH (Type or print) 2 with the D. FERGUSON ours after 9. AGE (In years | IF UNDER YEAR) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX last birthdey) NEGRO WIDOWED 1,2,a age 5 r and 2 72 ho 10e. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) NONE NONE MO pages 1 within form PM3. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME File 16. SOCIAL SECURITY NO. | 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgive war or detes of service) 385 Eu DOWOOD in Item 18. CAUSE OF DEATH [Enter only one cause per line for (a), burial-transit p along PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) in benci DUE TO removal, Conditions, if eny, which geve rise to immadiate cause 10 DUE TO (a), stating the underlying 98 pesn PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY 8 the word Medical pinous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. EXAMINER: Chief 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm,) 20f. (City or town) Month, Dey, Yeer 20c. TIME OF INJURY fectory, streat, office bldg., etc.) Not While While Hour a.m. at work at work to the prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry O Undetermined manner DIRECT Accident Suicide Homicide pep death resulted from Notural causes CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER should be for DEPUTY MEDICAL EXAMINER NAME (Type Address (Streat, city, town, or county) pinous 22e. BURIAL, CREMATION Ø40 p 0 NOV 2 0 '61 arthur & Kraus

a. IS RESIDENCE

YES NO X

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(State)

and in my opinion

DATE SIGNED

U.S. A

(County)

ON A FARM?

VS. A15ME 5M 7/59

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JO HOLERAL DIRECTOR: After this certificate has been signed by the attending physician and complete. filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled by the site begins of Health prior to burial, cremation, or removal, And the any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

19921

CERTIFICATE OF DEATH

12275

-					IRRIO
	PLACE OF DEATH	***	2. USUAL RESIDENCE a. STATE	(Where deceased lived, If in b. COUNT	nstitution: Rasidenca bafore admission
	159/famor	P MARYLAND	. /// c	Ž.	139110
E	or CITY OR TOWN (if outside corporate limits, write RURAL and give parest twn)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF	outside corporata limits, write	RÜRAL and give nearest town)
0	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ital, giva street address)	d. STREET ADDRESS		a. IS RESIDEN
	7606 Cedan Re	1	7606 C	oban R	ON A FAR/ YES NO
P	NAME OF DECEASED (Type or print) Mary	ANN F	to patrick	OF DEATH	18 19 6/
5.	SEX 6. COLOR OR RACE MARRIED WIDOWED		DATE OF BIRTH - 14-1877	1 . 1 26 1 1 1	Months Days Hours Min
10a dor		ND OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (County	& State, or foreign country)	12. CITIZEN OF WHAT COUNT
13	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
1	11 1/ 1/ 1/11/11		, , ,	0-11:	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	COLLEGE CHOITY NO. 1 17. 13	LUCINDO	64///	on
	s, no, or unkown) ((fyasgivawarordatasofsarvica)	SOCIAL SECURITY NO. 17. IN	FORMANT	∨ddie22	
	18. CAUSE OF DEATH [Enter only one ceuse per li PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)	REBRO - VASC	ULAR F	ACCIDENT	INTERVAL SETWEEN ONSET AND DEATH I-2 Hou
	331X DUE TO		00-		SEVERAL
-	Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO	NERALIZED	ARTE	RIO-SCLERI	SEVERAL YEARS
ATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying DUE TO				
CERTIFICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CON		RELATED TO THE TERMINA	L DISEASE CONDITION GIVE	EN IN PART 1(a) 19. WAS AUTOPPERFORMED
- 6	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CON 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBUTING TO DEATH BUT NOT TRIBE HOW INJURY OCCURED. NJURY OCCURRED 200. PLAC factor	RELATED TO THE TERMINA	IL DISEASE CONDITION GIVE It I or Part II of item 18.)	EN IN PART 1(a) 19. WAS AUTOPPERFORMED
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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	1	9990		CERTIFI	CATE	ATE OF DEATH 12276)	
1. PLACE o. CO	OF DEATH UNTY	altimore		MARYL		USUAL RESIDENCE o. STATE Gorsuch		Balto		nce befo	re admissi	ion)
b. CIT	Y OR TOWN (If RAL and give nea Catons v	outside corporate lim rest town) 1116	its, write	c. LENGTH OF STAY IN	V 1Ь		(If outside corp	porote limits, write l	RURAL ond	give nec	rest town)
d. NA OR Cator	ME OF HOSPITA INSTITUTION Ridge	L (If not in hospitol, Nursing Ho	give street o	oddress) 29 Harlem Le	ane	d. STREET ADDRES						IDENCE FARM? NO
3. NAME DECEA (Type	LEED	derick R.	Fleck	Middle censtein		Last	4. DATE OF DEAT	мо н Nov. 25	,1961	Do		Year
S. SEX	Male	6. COLOR OR RACE White		IED NEVER MARRIED		ate of Birth ag.19,188	2	9. AGE (In years law girthdoy) yrs.	IF UNDE Manths	R 1 YEAR Doys	IF UNDE Hours	R 24 HRS. Min.
Wate	AL OCCUPATION Repair	(Give kind of working life, even if retired	dane 10b.	kind of Business or Watch	INDUSTRY	11. 8IRTHPLACE (S		country)	12. CI	TIZEN OF	WHATC	OUNTRY?
13. FATHE	Augus	t * Flecker	nsteir	a	1.	Barb		ckenstein				
15. WAS (Yes, no. or		IN U. S. ARMED FOI yes, give war or dates of	service)	SOCIAL SECURITY NO. 219-30-5163	17. INFOR		ein,481	O Aberdee	n Ave		6	
Con gov caus lyin	PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (c DUE TO , which mediate e under: DUE TO	a) o) o)	Cardine Cardine Cardine Cordine	Scle	lun 6	PAREN C-V	-)	VFN IN PA	ONS 4	FINAL BET	DEATH
(IF EI	ACCIDENT WAS CONTRIBUTING [THER, NOTIFY M	UNDERLYING CAUSE OF DEATH DEDICAL EXAMINER)	20b. DESC	ERIBE HOW INJURY OC	CURRED. (E	nter noture af injur	y in Port I or P	orl II of item 18.)			PERFO	RMED?
20c. 1	Hour o.m.	Month, Doy, Ye	While	Not while k ot work	foctory	OF INJURY (Home, street, office bldg.	form, 20f. (C , etc.)	ity or town)		(County)		(Stote)
5 Q W 22a.				led the deceased for 1961, and the				STAFF			stated	
	NAME (Type)	LIFF T	7	236. NAME OF CEMET	TERV OR CE	4	465	CAMON			AV	
Bui	IAL, CREMATION OVAL (Specify) rial RAL DIRECTOR'S	Nov. 28		Baltimore ADDRESS				Balto. Md		3/4	(State	>]
1	ulifo s	Jenvig Si	ms	2024 Orleas	ns St	. 31 DATE	NOA 5 8 KEC	61 250. 120	than S.			

TO HOSPICAL O'R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 pouns after death. Page 4 may be used by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in yoy the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and 2 shauld be filed with the State Board at Health priar to burial, cremation, ar removal, and in any event, within 72 haurs offerdeath.

VR A15 (4) 1SM 9/59

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	1. PLACE OF DEATH g. COUNTY	Item 9 Film G			n: Residence before admission)
	Baltimore	MARYLAND	o. STATE Maryl	and b. COUNTY	Baltimore
	 CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest tawn) 	ite c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If au	tside carporote limits, write Rl	JRAL and give nearest town)
	Towson 4	2½ yrs.	Towson 4		
١	d. NAME OF HOSPITAL (If nat in haspital, give str OR INSTITUTION	reet address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
l		Rd. Hampton	1 1307 Aint	ree Rd. Ham	pton YES NO 🗓
	3. NAME OF First DECEASED	Middle	Last	4. DATE Mon	th Day Year
		Gustav Fox	A VOID IN	DEATH 11	-16 19 61
0	6. COLOR OR RACE 7. M	AARRIED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days Hours Min.
	male white wind	OWED DIVORCED	4-18-1913	48 47/ yrs.	Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
l	Food broker	own business	New York		U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
l	Gustav J. Fox		Lillian	Fritzel	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [(If yes, give war ar dates of service)	16. SOCIAL SECURITY NO. 17. IN	FORMANT	Addr	ess
	yes WWII "43-"41	4 091-03-6816	Ellen B	. Fox a	bove
I	18. CAUSE OF DEATH [Enter only one couse pe	er line for (o), (b), and (c).]	0 0	i i	INTERVAL BETWEEN
l	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Carcinoma O	1 colon w	ith metass	asis 1/mos.
١	153,8 DUE TO	/			
l	Conditions, if ony, which) (b)				
	gave rise to immediate DUE TO			- 45% B. I	
	lying couse lost.	THE PARTY IN			
	PART II. OTHER SIGNIFICANT CONDITION 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO S
ı	20g. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURRED	. (Enter noture of injury in Po	art I ar Part II of item 18.)	1.50 1.02
I	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
l	Z 20c. TIME OF INJURY Month, Day, Year 20	d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Hame, farm,	20f. (City or town)	(Caunty) (State
	ш 10 .	hile Not while foct	ory, street, office bldg., etc.)		
			12 -15 101	0. 11-11-	206/ 11 . 111
ı	21. I certify that (I) (this hospital) att	4 4			, 19 <u>6</u> /_, that (I) (we) las
ļ	saw the deceased alive an	2.2.19.0.1, and that de	eath accurred at/_2_1	M, tram the causes an	d an the date stated above
I		nan In	ATTENDING MEL	O. STAFF PHYS.	SIGNE
	22c. PHYSICIAN'S	1	A.D. PHYS. DIR	ECTOR PHYS.	11-11-61
	NAME (Type) Altred G.	Osaman Jr	1/0/	of faul	+ Bulto 2 M
ĺ	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City, town, o	
	Burial 11-18-61	Dulaney Val	lley Mem.	Cockeysvil	le, Md.
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25a. REC'D	BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
	Brooks Funenal Sent	the Towson 4	Md DATE NO	OV 2 0 '61 0	79 - 0 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-may be may be med by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled VR A1S (4 15M 9/59

by the funeral director, s after death. Page 4

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VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 122 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2278

1	g. COUNTY 13 14 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
4	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CIPNOR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town) 129 1 + more 4 4 - ears	X Baltimore
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Caton Ridge Mursing dome.	4023 Woodridge Rd, YES NO NO
	3. NAME OF DECEASED (Type or print) BARBARB	FRANK 4. DATE OF DEATH Annth Day Year 1961
1	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
	Femalo White WIDOWED IL DIVORCED	Dec. 15. 1866 94 yrs. Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewi Re	Germany USA
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
)[Vukuowy	Vyknowy.
4	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes, give war or dates of service)	NFORMANT Address
	no - News C	SCAR FRANK 4023 Woodrulye Rd. Ene 29
	18. CAUSE OF DEATH [Enter anly ane cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
4	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	e failure 3 des
	422.1 DUE TO	
	Canditians, if any, which) (b)	Schriber Cadeo Voscela des Capan
	gave rise to immediate couse (a), stating the under-	
	lying cause lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	5 Ded sons - walnud	ites left aleft NO V
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18)
	¥ 1	LACE OF INJURY (Home, farm, 20f. (City ar town) (Caunty) (Stote) potary, street, office bldg., etc.) !
	Hour o. m. p. m. 19 While Not while of work at work	
	21. I certify that (I) (this haspital) atjended the deceased fram.	1/10 1957ta 11/15 1961that (1) (we) last
1	saw the deceased alive an 11/13 1961, and that	death accurred at 4 4 M, from the causes and an the date stated above.
	22a. SIGNATURE City Cours &	ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Type) CLIFE PATLIFF.	32 4605 ED MONDSON AVE.
-	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	BIRAL (Specify) 11-17-61 Bohemier Nat	rnol Cemeter Baltimore, Mcl.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	Thilip E Cuach 1211 Cheseco	Tue. DATE NOV 17'61 arthur S. Kraus

Francis White St. 1966 94 Housembe No. - Verre Oscar Frank 4073 Winderlys Kol E 288 April 1 State of the Late of t Better There Between Wheat Control To Marine, Well with annual transfer of the state of the

d complete, filled in by the funeral from papers. Pages 1 and 2 should within 72 hours after death. vithin 24 hours after TO HOSELLAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, death.

So death.

PARTICION: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12279

1. PLACE OF DEATH a. COUNIY	2. USUAL RESIDENCE (Where decaased lived, If Institution, Residence before admission)
Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltimore Cit
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL end give neerast town)	c. CITY OR TOWN (If butside corporata limits, write RURAL end give neerest town)
Garison	Haltimore 3V01-4
d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
Toxleigh Newsung Home	3500 Carodale live YES NO
3. NAME OF First Middle	Lest 4. DATE Month Dey Year
(Type or print) DAVID / FRANK	EL DEATH // /8 19 6/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Deys Hours Min.
WIDOWED DIVORCED	3/13/0/ 174. yrs. 11000
1De. USUAL OCCUPATION (Give kind of work done dueing most of working life, eyen if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Thuming Supplys	Canada Wolt
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address
(Yes, no, or unkown) (Ityesgivewarordetesofservice)	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	and Transcel - fame
	VASCULAR ACCIDENT ONSET AND DEATH
477	1 3 MIN
Conditions, if ony, which (b) ASCUD	
geve rise to immediate ceusa	
(a), stating the underlying DUE TO	
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
OTA TO THE TOTAL T	PERFORMED? YES NO THE
	(Enter neture of injury in Part I or Pert II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
0	CE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
Hour e.m. p.m. 19 While Not While at work at work	ory, street, office bldg., etc.)
21. I certify that (1) (this hospital) attended the deceased from	5/3 196/, to 11/18, 196/, that (I) (we) last
saw the deceased alive on	death occured at I.P.M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
	.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
Bernard & Shochel, Mis	5 8004 mer 4019/1/3 110-
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY.	close 23d. LOCATION (City, town or county) (Stete)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
flech tewn the 2100 6 litars 1	COCC DATE NOV 21 '61 Girling & Home

858SI Evilently Mercone of them I so a Camarather hard Carried . Lance of Bulletin Title prosecul 1,, Little Market West of Frank Jule Lever Me x100 Section Lace warne

15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12234 CERTIFICATE OF DEATH
12280

7	a. COUNTY					2. USUAL RESID	DENCE (Where			sidence be	efore ad	mission)	
Baltimore MARYLAND						a. STATE	arvland	b. cou	NTY	teritoria.	V		
	write RURAL end	outside corporete limi give neerest town)	ts,	c. LENGTH OF STAY	N 1b	c. CITY OR TOV	VN (If outside c	orporata limits, writ	e RURAL and	give neers	est town)		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)						Baltimore							
	G. NAME OF HOSPIT	AL OK INSTITUTION (if not in hos	pital, give street eddress)	d. STREET ADDR	ESS		3 VV	14-	IS RES	FARM?	
	Stella	Maris Hosp:	ice			3711	Harlem	Avenue		Y	ES 🔲 I		
3.	NAME OF DECEASED	First		Middle		Last	4. DAT	E Mont	h	Dey	Year		
	(Typa or print)	Marga	ret.	Frances	F	reund	OF DEA	TH 77	Lic)	19 6	57	
5.	SEX	6. COLOR OR RACE	7 MARRIE	NEVER MARRIED	1 .	DATE OF BIRTH		9. AGE (In yaers	IF UNDER 1 Y	EAR! IF	JNDER 2		
	Female	White	WIDOWE	The second second		/28/T88T		last birthday) 80 yrs.	Months De	eys Ho	onta	Min.	
10	a. USUAL OCCUPATI	ON (Give kind of work	10b. K	ND OF BUSINESS OR IN	DUSTRY	11. BI ACE (C	County & Stele,	or foreign country	12. CITIZ	EN OF W	HAT CO	SYRTAUC	
	Housekee		۵)			Max	yland		II	c	۸		
13.	FATHER'S NAME	DOT			1.1	4. MOTHER'S MAIL			-	, 0.	S. A.		
	Henry F	reund				Cat	herine	Reichert					
15.	WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Address	s				
111	ss, no, or unkown) (ii	yes giva war ordates of s	ervicej	Mono									
-	18. CAUSE OF D	EATH [Enter only one	ceuse per l	ne for (e), (b), and,(c).)		0				INTERVA	AL BETW	EEN	
	PART I. DEATH	WAS CAUSED BY:		Mutas takes	= (a				ONSET	AND DE	ATH	
	170	DUE TO		7 0	,	, ,	, ,						
	Conditions, if any	which (b)		Ca M	was	t he	U						
	gava rise to immadie	te causa			5)	,							
	(a), stating the underlying DUE TO ASCN D.												
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)								1 1 10 1	10.5.011	TORCU		
0	PART II. OTHER	SIGNIFICANT CONDI	IIONS CON	TRIBUTING TO DEATH E	ION IOI	KELATED TO THE TE	KMINAL DISEA	SE CONDITION GIV	EN IN PARI 1	(e) 19. W	AS AU		
S										YES	□ N	o 🔲	
CERTIFICATION		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURED. (Enter natura of injury	y in Part I or Pe	rt II of item 18.)					
ICAL	20c. TIME OF INJUI	Month, Dey, Yes	ar 2Dd. While	NJURY OCCURRED 2E		OF INJURY (Home,		City or town)	(Count	у)	(5	tete)	
MEDI	p.m.	19	et wor			/	,,						
	21. I certify th	at (I) (this hospit	al) attend	ded the deceased	rom	10-19-54	19	to 21/16	196	. that	(I) (w	(e) last	
	12 - 24 14 15 17	ed alive on	11/1/	196./, and									
	22e, SIGNATURE				Tridi c	l delli decorda d	Contraction of the	0111 1110 000303	and on m	o dalo .		DATE	
		· Krbu	14.	Moh	M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.				SIGNED	
	22c. PHYSICIAN'S NAME (Type)				74.5	22d. ADDRESS							
	IAMIE (Type)	Dr. Robe	ert Ma	hon				~ * * * * * * * * * * * * * * * * * * *					
23	BURIAL, CREMATIC	ON, 236. DATE THER	EOF,	23c. NAME OF CEME	TERY OF	CREMATORY	23d. LC	OCATION (City, to	wn or county)		(Stat	e)	
	REMOVAL (Specify)	11/18	7/61	HOLY A	DFI	EFME	12	BFIAL	R RI		1	(1)	
24	FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	NU	250	REC'D. BY . REC	SISTRAR 25b. RE	GISTRAR'S SIG	GNATURE		10	
	DIRACE	-1 BPA	7	TIIN DE	-/ //	ID DA	YOY.	2 0 6		8. the	ulic .		
	MILLY	- 10/100)	110 GE	41	R PO DATE							

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE

Baltimore	MARYLAND	Maryla	na	Ralt	imore		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) TOWSON	c. LENGTH OF STAY IN 16	Towson		limits, write RUR	AL and giva ne	earast town)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp	ital, give street address)	375 Hill	endale	Road			FARM?
NAME OF First	Middle	Last	4. DATE	Month	Day	Year	-
DECEASED (Type or print) George		cher, Sr.	OF DEATH	11	7,	19 6	51
5. SEX 6. COLOR OR RACE 7. MARRIED		. DATE OF BIRTH				IF UNDER 2	
Male White widower	DIAOKCED 1	/25/1898	6:	3 yrs.	2. CITIZEN OF	Hours	Min.
IOa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Cour	nty & State, or forei	gn country)			UNIKI
Meat Grader	Retired	Newport	News		U.S.	Α.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
George W. Fulcher		1 4	rfield				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yas, no, or unkown) (Ifyesgivewarordatesofservice) 15		orge C. Fu	lcher J	Address Ba	ldwin	, Md.	
18. CAUSE OF DEATH [Enter only one cause per li	ne for (a), (b), and (c).]	()				RVAL BETW	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	namar	no The	amh.	usin		SET AND DE	
260 X DUE TO	1			,	389	7	
Conditions, if any, which (b)	Villan	on cle	2	A		•	
gave rise to immediate cause (a), stating the underlying cause last.	allet	mo	OU.F			7	
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	INAL DISEASE CON	IDITION GIVEN IN	V PART 1(a) 19		
						PERFOR	10 S
208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED). (Enter natura of injury in	Part I or Part II of i	tem 18.)			
20c. TIME OF INJURY Month, Day, Year 20d. I White p.m. 19	Not White fac	CE OF INJURY (Home, far. tory, street, office bldg., etc		lown)	(County)	(;	Slate)
21. I certify that the his hospital) attended	ded the deserred from	early)	1957 to 1	11-6	1961 1	all)	ve) last
						1	,
saw the deceased alive on	19.6.j., and that	death/occured at.	Z. T. W., Irom In	e causes and	oll the da		
22 SIGNATURE		ATTENDING		STAFF	1	226	SIGNED
Jange 1. Jak	linas		DIRECTOR I	PHYS.	/	11/1	16/
22c. PHYSICIAN'S NAME (Type)	MORE	22d. APPRESS	then	rtla	im	N	
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATIO	N (City, town or	county)	(Sta	ite)
REMOVAL (Specify) Burial 11-11-61	Peninsula M		Warwie			Va.	
	ADDRESS		C'D BY REGISTRAL	1	AR'S SIGNAT		
24 FUNERAL DIRECTOR'S SIGNATURE			NOV 8 '61		wo S. Tha		
H. W. Jenkins & Sons Co.	4905 York R	Q. Baltovate	Got o	40000	- 1 Mg. 7 V/M	MANUE S	

b. COUNTY

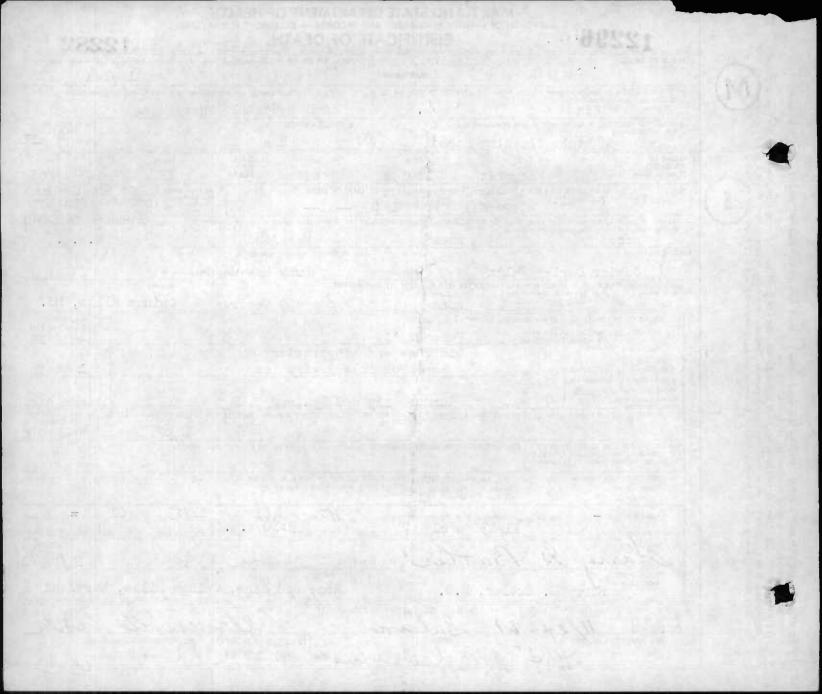
filled in by the funeral Pages 1 and 2 should ithin 24 hours an rbon papers. Pages 1 and 2 within 72 hours after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completery 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. he State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hou director, page be filed with th death. He 4 TO HOS VR A15 (4) 15M 9/60

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

3	122	296	IVISION	OF SI	CERTI		TE OF			2/7/61	iwl	122	282		
1.	D. PLACE OF DEATH Rosewood State Training School a. COUNTY Baltimore MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY ashington								
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)				c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)										
	Owings I	Mills			2 mos.		Rui	ral Rou	ite #1	Sharps	burg	5 2	IX.	2	
	d. NAME OF HOSE OR INSTITUTION	PITAL (If nat in haspi N	itol, give s	treet ad	dress)		d. STREE	T ADDRESS					e. IS RES	FARM?	
		od State	Trair	ing	School			non	10				YES [NO	
	NAME OF DECEASED		First		Middle			Last	4. DATE OF		onth	De	ру	Year	
	(Type ar print)		Marga			ise		rultz	DEATH	1			-	1961	
5.	sex Female	6. COLOR OR R			D NEVER MARR	100.00	B. DATE OF B			AGE (In year last birthday)	Man	The Doys	Haurs	Min.	
10.	HISHIAI OCCUBAT	1011/6: 1: 1 (OOWED			31:			1 yr					
100	during mast af wa	TON (Give kind of varking life, even if re	work done	10b. KI	ND OF BUSINESS	OK INDU	ISTRY II. BIRT	37 3		ountry)	12	. CITIZEN O			
12	FATHER'S NAME	е			none	_	14 HOTH	Mary I				U	.S.A	•	
13.			-				14. MOTHE								
15		ior Darle			CIAL SECURITY NO	117 1	NFORMANT	Ruby	Mae Ha	2	dress				
	s, no, or unknown)	(If yes, give wor or dat). 17.1		,	T .			. Ma 7	7 . 1	Ma	
=	No.	ATU (F		1:	none	,	KOS	sewood	Record	ls U	MTITE	s Mil			
		ATH [Enter anly o		per line								ON	ERVAL BI	DEATH	
	IMMEDIATE CAUSE (o). PREUMONIL CLS									days					
	Canditions, if ony, which (b) Diarrhea and Dehydration and Possible Aspiration								316		4-1-				
	gave rise to immediate					sible As	spirati	on		-		1 m	onth		
	cause (o), stating	g the under-	JE TO		162	7. 7		n • 7						2 2	
z		lying cause last.) (c) Microcephaly and Epilepsy since birt) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY													
CERTIFICATION											IA EIA IIA	TAKI I(O)	PERFC YES _	NO E	
	OR CONTRIBUTIN	VAS UNDERLYING [IG □ CAUSE OF DE IY MEDICAL EXAMIN	ATH	DESCR	IBE HOW INJURY (OCCURRE	ED. (Enter natur	e of injury in	Port I or Port	t II af item 18.)					
MEDICAL	20c. TIME OF INJU				URY OCCURRED	20e. Pl	ACE OF INJUR	Y (Home, form	n, 20f. (City	ar town)		(County)		(State)	
MEC	p. m.			Vhile t wark [Nat while at wark		, 3,, 5,, 6	nee brag., cre							
	21. I certify th	at (+) (this hose	pital) at	tende	d the deceosed	from.	9/3	26 19	61, to_	11/23		1961, 11	not 帝) ((we) lost	
	saw the dece		[1]	_/23	67		deoth occur	red o3:1	Qu Prom	the causes o	nd an	the date	stoted	abave.	
	220. SIGNATURE	0		0	. 0	1					19.4	Marie II.	22	b. DATE	
	1150	ry /	. /	Du	ther		M.D. ATTENE		IED.	STAFF PHYS.			11/	24/61	
	22c. PHYSICIAN'S NAME (Type)	(/	But!	ler,	M.D.	F	Ro		Lane,	Owings	Mil:	ls, Ma	ryla	nd	
230	BURIAL, CREMATI	ON, 23b. DATE TH	IEREOF	,	23c. NAME OF CEA	METERY C	OR CREMATOR		23d. LOCA	TION (City, town	, ar cau	inty)	(Sto	te)	
24.	FUNERAL DIRECTO	R'S SIGNATURE	4.	m	ADDRESS ADDRESS	a	Avota n	2So. REC	D BY REGIST			'S SIGNATU			
_		7/47/		110	- / / / /		4								



TO HOST TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

Geath.

TO FUNEARL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by the funeral be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

L	Tiona	ERIIFICATE	or DEATH		2283					
1	PLACE OF DEATH	2	. USUAL RESIDENCE		tion: Rasidenca bafora admission)					
	Baltimore	MARYLAND	Maryland	*Ballti						
	b. CITY OR TOWN (if outside corporata limits, writa RURAL and give nearest town)	LENGTH OF STAY IN 16	Y	utsida corporata limits, writa RUR						
	Towson			altimore 4, M						
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	giva streat addrass)	d. STREET ADDRESS		a. IS RESIDENCE ON A FARM?					
	235 Burke Ave		23%5Burke		YES NO					
4.5	3. NAME OF First DECEASED (Typa or print) HAROLD F	Middle GAM	BRILL 4	OF DEATH NOV.	14 19 61					
ļ	5. SEX 6. COLOR OR RACE 7. MARRIED 7	NEVER MARRIED 8. I	DATE OF BIRTH	9. AGE (In years IF U						
	M white WIDOWED		ov.17,1895	last birthday) Mor						
	done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY			2. CITIZEN OF WHAT COUNTRY					
	Real Estate Dealer Re	eal Estate	Baltimore 4. MOTHER'S MAIDEN NA		U.S.A.					
	Horatio Nelson Gambrill		unknown							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC		FORMANT	Addrass	Balto.12,					
j	(Vac an or unknown) ((Myaraiya warandatar of carries)			abrill 5311 K	enilworth Av.					
	18. CAUSE OF DEATH [Enter only one cause per line for			,	I INTERVAL BETWEEN					
	PART 1. DEATH WAS CAUSED BY:		analus.	1 - 4 7	ONSET AND DEATH					
	IMMEDIATE CAUSE (a)	ronary	occursi	170	20 out					
	42011 DUE TO 6	0. 1	arterio:		~					
	Conditions, if any, which \ (b)	eralezad	arterio	ceroses	3 zpro.					
	gava rise to immediata causa	0								
	(a), stating the underlying cause last.									
	(c)	UTING TO DEATH BUT NOT	RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY					
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB				YES NO					
WA 400 .	S . ACCIDENT WAS UNIDERLYING TO LOOK DESCRIPTION	HOW INJURY OCCURED. (Enter nature of injury in Day	t Lor Part II of itam 18.)	11.2 [1] 11.0 [N]					
	OR CONTRIBUTING CAUSE OF DEATH	HOW INJUST OCCURED. (emar nature of injury in rat							
	0		OF INJURY (Home, farm, streat, office bldg., atc.)	20f. (City or town)	(County) (Stata)					
-	Hour a.m. Whila at work	Not Whila tactory	, , , , , , , , , , , , , , , , , , , ,							
	21. I certify that (I) (this hospital) attended the deceased from Jeb 7., 1961, to Mit 14, 1961, that (I) (we) last									
	. Note that a late of the second of the seco									
		IYER, and that d	leain occured al.x!2	wh, Holli life causes and	22b. DATE					
	22a. SIGNATURE	mer M.D.	ATTENDING MEI	STAFF	225. SIGNER 2004-14.1961					
	22c. PHYSICIAN'S NAME (Type) 6100 YORKRD.	BALTO-12, MO	22d. ADDRESS FREDER	ick J. VOLL	MER					
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23	c. NAME OF CEMETERY OF	CREMATORY	23d. LOCATION (City, town or	county) (Stata)					
	REMOVAL (Specify)	Lorraine Pa		Baltimore.	Md.					
		ADDRESS		BY REGISTRAR 256. REGISTE						
	Wm. Cook-Towson, Inc 10	O York Rd.	DATE NOV		1 & Kraup					
	1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	TOTTY TIME	DATE	1000	7 A Tinniell					

Towards. Selections . Horwork SAN PRIME SAR LANGE, VI. VOM Rest Mare in Contact indeed the contact contact and the contac nvening library nomination of the A SE OF DEL AND ADVENTURED ALL STATES OF DESCRIPTION OF THE CONTROL OF THE CON The Shell town on 1050 York ad.

FOR STATE HEALTH DEPT.

ay is necessary, reral director, Page ed for your files. TO DEP IT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Nortal disease execute the certificate, writing the word "pending" in pencil in Item 18. Give Page 5, 2, and 3 to the Nortal diseason 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND	STATE	DEPARTMENT	OF HEA	LTH

10084

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE DEATH OF

a. COUNTY Baltimore	MARYLAND	* Maryland		Baltimore	enca befora admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) Timonium	c. LENGTH OF STAY IN 16 9 months	c. CITY OR TOWN (IF		ts, write RURAL and give	a naarasi town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in ho 214 6/14 East Ridgely Re	spital, giva streat addrass) Oad	614 East	Ridgely I	Road	a. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Typa or print) Adam	Middle Ernest	Gerald	OF DEATH	Month Da	y Year 9 1961
5. SEX 6. COLOR OR RACE 7. MARRII Male white widowi	ED NEVER MARRIED B	pril 3, 1913	9. AGE (In	Veer LIF LINDED 1 VEAL	
Director Trade Relations	Hamm's Brewer		foraign country) Beach, Cal	The second second second	OF WHAT COUNTRY?
13. FATHER'S NAME Adam Gerald		14. MOTHER'S MAIDEN NA	Pinnow		
YES ((Yas, no, or unkown) ((Ifyasgive war or datas of service)	social security No. 17. 1 35-01-8063 Mrs		Gerald, 614		Y Rd Imonium, Md
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) OTEN	/ / /	found of	Broi		NTERVAL BETWEEN NISET AND DEATH
Conditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. (c)				TA,	
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINA	L DISEASE CONDITIO	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	IBE HOW INJURY OCCURED. (E	ntar nature of injury in Part I	or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year 2Dd. While P.m. 19	aNot Whila factor	CE OF INJURY (Home, farm, pry, street, office bldg., alc.)	20f. (City or town)	(County)	(Slala)
21. I certify that I took charge of the rendeath resulted from: Natural causes		d an Autopsy Indicate Indicat	Undetermin	ned manner	d in my opinion DATE SIGNED
	onnell, M.D.	DEPUTY MEDICAL E		11	110/61
22a. BURIAL, CREMATION, REMOVAL (Spacify) REMOVAL 11-10-61	22c. NAME OF CEMETERY OR	crematory 2:	St. Paul, M	inneosta	(Siata)
Wm. Cook-Towson, Inc. 1050	York Road, Town			Lithur S. Krana	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12299

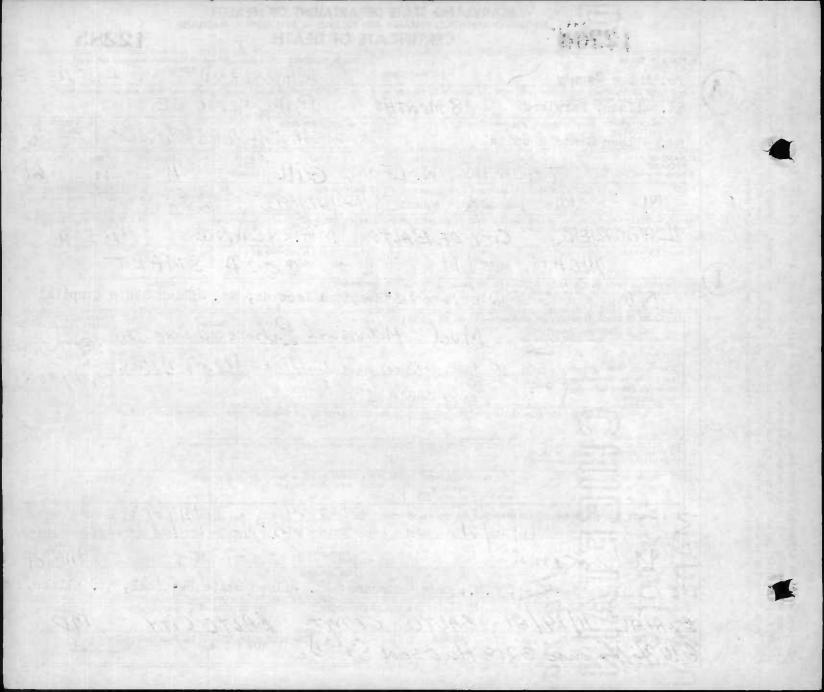
12285

1.	PLACE OF DEATH o. COUNTY Baltimore County MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ARYLAND. COUNTY BALTIMORE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland 8 Month	
	d. NAME OF HOSPITAL (If not in haspitol, give street oddress) OR INSTITUTION Mt. Wilson State Hospital	d. STREET ADDRESS 354 DALLAS COURT ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) THOMAS WOLI	FORD GILL 4. DATE Month Day Yeor OF DEATH 11 1961
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	12127195 GS yrs. Months Days Hours Min.
	a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR IN during most of working life even if retired)	TO. MARYLAND U.S.A.
	PATHER'S NAME NOAH GIII	CORA SMART
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 11: es. no. or unknown) (If yes, give war or dates of service) 216-16-8912-	Hospital Records, Mt. Wilson State Hospital
7	Conditions, if ony which gove rise to immediate cause (a), stating the underlying cause last. Conditions, if ony which gove rise to immediate cause (a), stating the underlying cause last. (c)	mag the Hear of the approx
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCU	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PRED. (Enter nature of injury in Port I or Part 11 of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur a. m. 19 While Not while at wark of wark	PLACE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) factory, street, affice bldg., etc.)
ß		m. 3 127 6/19 to 1111 6/, 19 that (I) (we) last at death accurred at 19 Million the days and on the date stated above.
E	22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR STAFF PHYS. SIGNED
		sendent Mt. Wilson State Hospital, Mt. Wilson, M
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER BURIAL Specify)	Y OR CREMATORY 23d. LOCATION (City, town, or county) CEMT. BALTO CITY MD.
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Haffmanne 3218 HUDSON	ST. 24 250. REC'D AY REGISTRAR 256. REGISTRAR'S SIGNATURE

TO HOSPICAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hears ofter death. Page 4 may be fined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours ofter death. VR A15 (4) 15M 9/59

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the funeral director, shauld be filed with NA filled oges death. letely ofter d COM haurs ond pan 72 5 Car .⊆ certificote with physici remove event, attending a pub þ igned by permit. been si burial-transit attending physician 0 has cremati certificate detoched for DIRECTOR: should e

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 12300CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 🙋 o. COUNTY b. COUNTY MARYLAND Baltimore CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town RURAL and give nearest town) Wilson, Maryland d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION KOALYES | NO | Wilson State Hospita NAME OF Middle Last 4. DATE Month DECEASED (Type or print) DEATH Nov IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months DIVORCED WIDOWED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working-life, even if retired) Contracting 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO . 17. INFORMANT Gillespie-4819 Windsor Mill Rd. Wilson State Hospital INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, Day, Year 20d, INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m. While Not while ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram.___ 196/ 196 saw the deceased alive an AM, from the causes and an the date stated above. and that death occurred at 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. uncome M.D. DIRECTOR _ Board 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Newcomer. 3 page 3 the State TO FUNE 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, tawn, or caunty) REMOVAL (Specify) 11-6-6] Woodlawn Burial Woodlawn, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE arihun & Kraus VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

ON A FARM?

Year

196

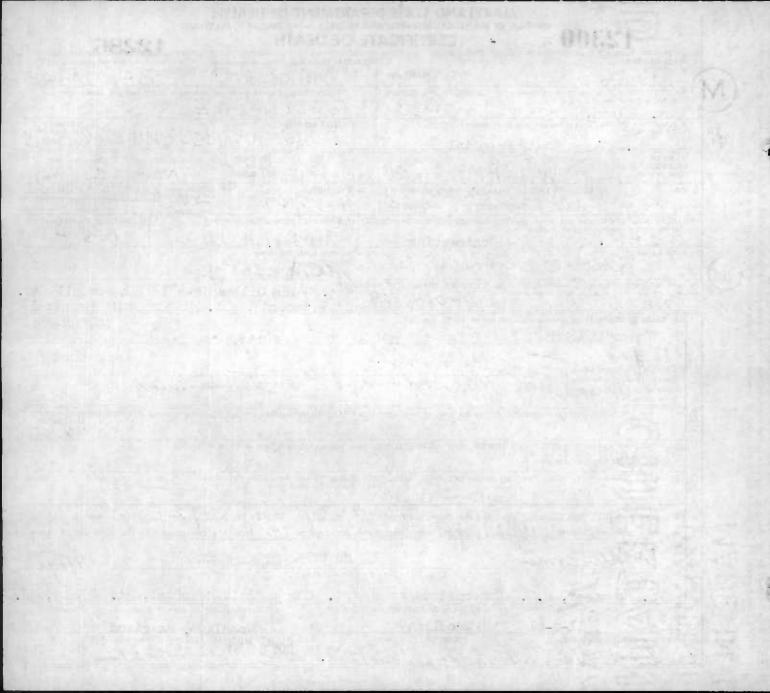
PERFORMED?

YES NO

22b. DATE SIGNED

(State)

(Stote)



death. Let may be retained by the hospital or attending physician.

Yet of PUNEAAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death within 24 hours after OR AITENDING PHYSICIAN; The law requires that the death certificate be executed TO HOS

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12287

1.	PLACE OF DEATH	Truot			2	USUAL RESIDE	NCE (Where da	ceesed lived, If	nstitution: Resid	ence before a	dmission)
	. COUNTY					a. STATE	1	b. COUN			
-	Baltimor			MARYL.		Marylan			timore		
	write RURAL and g	iva nearest town)	3,	c. LENGIH OF SIAT	IN ID	C. CITT OK TOWN	(if outside corp.	orare ilmits, write	KUKAL end giv	te peetest tow	/n)
	Woodbroo			A PER LA		Woodbro	ok				
	d. NAME OF HOSPITA	L OR INSTITUTION (i	f not in ho	spital, give street addres	s)	d. STREET ADDRES	S				ESIDENCE
Di.	6277 N	Chanlas St	- Mant	#7.2		1 (000 00	01 2	01	112.0		A FARM?
1 2	6317 N.	Charles St	oree c	Middle		6317 N.	Charles	Street	#12	1	
1.	DECEASED	FIRST		Middle		Lasi	OF		Di	ey Yee	r
Ш	(Type or print)	Lillie		Kritw	ise	Girardin	DEATH	Novemb	er 15	, 195	I .
ō.	SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED	8. D	ATE OF BIRTH	9.	AGE (In yeers			
	Female	White	WIDOWI	ED A DIVORCED	Jan	n. 22, 187	5	lest birthdey) 86 yrs.	Months Dey	s Hours	Min.
10	. USUAL OCCUPATIO	N (Give kind of work	10b. K	CIND OF BUSINESS OR I		11. BIRTHPLACE (Co		foreign country)	12. CITIZEN	OF WHAT	OUNTRY
00	one during most of work	ing life, aven if ratire	d)			Baltimor	e Mary	land	U. S.	A .	
13	Housewife FATHER'S NAME				114	, MOTHER'S MAIDE		Land	10. 0.		
1"	TATILK 3 HAME				l'i	. MOTHER 3 MAIDE	IN INAME				
	Ambrose Kr	itwise				Mary Baum	nan				
15.	WAS DECEASED EVER	IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. INF	ORMANT		Address			
	os, no, or unkown) (Ify NO	es give wer or detes of se	ervice)		Miss	Evelyn Gi	rardin-	6317 N.	Charles	Stree	t
-		NTW (Enter only one		line for (a), (b), and (c).	-	2,02,				INTERVAL BET	
		WAS CAUSED BY:	cenze bat	2	^					ONSET AND	
		MEDIATE CAUSE (e)		Droho	ho 1	humana				2 1	KKO
1	422.1	DUE TO		,							
	Conditions, if eny,			mine	udia.	c tarbut	/			34	xks
	gava risa to immediat			· MCC	2107000	Januar					V
	(a), stating the und	DILLE TO		(-	.51	- 0	1) ==			100	11.0
	causa lest.	(c)_		Migne	001.	mohe C	v. ens	asy		10	1240
Z	PART II. OTHER S	IGNIFICANT CONDIT	TIONS COL	NTRIBUTING TO DEATH	BUT NOT R	ELATED TO THE TERA	AINAL DISEASE	CONDITION GIV	EN IN PART 1(e)		UTOPSY DRMED?
Ę				Har	or T	ophre ar	Thail.			YES T	NO TY
FIC	20e. ACCIDENT WAS	LINDERLYING TO 1	20h DES	SCRIBE HOW INJURY O				of item 18.1		1	
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	200. 01.	SCRIPE HOW HOOK! O	CCORED. (E	mor norare or injury i		-,			
	(IF EITHER, NOTIFY A	MEDICAL EXAMINER									
MEDICAL	20c. TIME OF INJURY	Month, Day, Yes				OF INJURY (Home, fa street, office bldg., e		or town)	(County)		(State)
E P	Hour a.m.	19	Whil at wo		1001019	siredi, enice bieg., e	1				
1			1			To burney	10 50 1	Don 1	- 15 10/1	1 . (1)	() 1.
	21. I certify tha	at (I) (this hospit	a() after	nded the deceased	trom	monnara,	199 10.	.Y /. W. LXXXX . A	K(13) 1996.13	, that (1)	(we) las
	saw the decease		1. V.V.Y.S	m/ss-19 61 an	d that de	eath occured at.	A.M, from	the causes	and on the	date state	d above
	220. SIGNATURE	1	1_			ATTENDING	MED	CYAFF		221	SIGNEL
		Gullen?	Leu	ont-	M.D.	ATTENDING PHYS.	DIRECTOR	STAFF PHYS.		11/	15/61
	22c. PHYSICIAN'S	C . 1'		C		22d. ADDRESS	0			1	7
	NAME (Type)	C. WILL	SUR	STEWAR	1	6 E	Rhad	1.5			
_	1					-1					
23	a. BURIAL, CREMATIO REMOVAL (Specify)	N, 23b. DATE THER	EOF	23c. NAME OF CEA	ALTERY OR	CKEMATORY	23d, LOC	ATION (City, to	vn or county)	(5	tate)
E	urial	11-18-6	1	Lorraine	Park	Cemetery	Balt	imore, 1	Maryland	it	
24	FUNERAL DIRECTOR'S	SIGNATURE	1 10 11	ADDRESS				TRAR 256. REG			
1	Im a Aline	bree aster	-	B. (A)	7 22	d. DATN	OV 1 7 '61	L'inter	Iwa & Tha	LL.	
14	Mill. y. wur	new work	1	Nacio.	1-12	Ct. DAILY		1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12302 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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Reg.	Dist.	Nà.	ALCO (0

	1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) O. STATE Maryland b. COUNTY Baltimore							ission)						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Owings Mills c. ENGTH OF SIAY IN 1b Randalls town Rural							wn)						
d	Garrison	Forest F	oad	in hospitol, gi	ve street odd	iress)	111	et address 14 Blac	kston	e Road			ON	ESIDENCE A FARM?
-0	IAME OF ECEASED		First		Middle			Last	4. DATE		Month	Doy	Y	'ear
-	Type or print)	Mr. Norn			Frank		Gorsu	ch.	DEATH		mber	17	1	961
5. S		6. COLOR OR RA	CE 7. M	ARRIED 😿	NEVER MARR	RIED 8.	DATE OF BI			9. AGE (In y	y) Mont	DER TYEAR		ER 24 HRS.
	Male	White	WID	OWED 🗌	DIVORCE	D	March	18, 19	06	55	yrs.	ths Days	Hours	Min.
10a.	USUAL OCCUPATION	ON (Give kind of wo	ork done 1	10b. KIND OF	BUSINESS C	OR INDUST	RY 11. BIRTH	IPLACE (Stote	or foreign	country)	12.	CITIZEN C		COUNTRY
	Manager			Real	Estat	9		Baltin	ore,	Maryla	nd	U.S	.A.	
13.	FATHER'S NAME				Toyl		14. MOTHE	R'S MAIDEN N	IAME					
	Lewis J.	Gorsuch				7:00	E	dith V.	Mall	onee				
	WAS DECEASED EVI	R IN U. S. ARMED (If yes, give war or date		16. SOCIAL	SECURITY N		s. Ma:	rgaret	G. Go	rsuch	ddr3514 Rends	Black	ston	e Rd.
	PART I. DEAT	TH [Enter only one H WAS CAUSED 81 IMMEDIATE CAUSE DUE	(0)		(b), ond (c).]		lon					INTE	RVAL BETWEET AND DEA	EEN ATH
	Conditions, if or gove rise to immed (o), stating the couse last.	liote cause	(b) TO (c)				5							
CERTIFICATION	PART II. OTH	ER SIGNIFICANT C	ONDITION	IS CONTRIBU	TING TO DE	ATH BUT N	OT RELATED	TO THE TERMI	NAL DISEAS	E CONDITIO	N GIVEN IN		PERFO	AUTOPSY RMED?
	PRIMARY OF CONCAUSE OF DEATH.	SE WAS STRIBUTING D None	20b. DES	CRIBE HOW	INJURY OCC	CURRED. (E	nter noture o	f injury in Port	l or Part II	of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.				OCCURRED Not while of work	20e. PLAC focto	E OF INJUR ry, street, of No.	Y (Home, farm, lice bldg., etc.)	20f. (City	y or town)		(County)		(Slote)
	21. I certify th	at I toak char	ge of t	he remair	s describ	ed aba	e, held	an Autapsy	/ [], I	nspectian	K, Inc	uiry X	, and (find that
	death resulted], Suid	ide 🔲,	Homicide	□, U	ndetermin	ed cause	□.		
	ACTUAL SIGNATURE	2,3-	Car	plus			_M.D.	F MEDICAL EX					DATE S	HONED
	EXAMINER'S NAME (Type)	D. D. Capl	98					TANT MEDICA TY MEDICAL E				11	1/18/	61
22a.	BURIAL, CREMATIO			22c. NA	ME OF CEM	ETERY OR	CREMATORY		22d. LOCA	TION (Cily, t	own, or coun		(Slote	
Bı	REMOVAL (Specify)	11-20-	61	St	John	s Es	n. Ch	Cem	Bal.	timore	Count	v .	Mary]	land
-	UNERADDIRECTOR'		2-1		odesLib			24a. REC'D	BY REGIST	TRAR 24b.	REGISTRAR"	SSIGNATU	RE	
Z	E WALL	& nje	12/					DATE NO	¥ 2 2 '	01	Orlling	2. The	u4	

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	MARYLAN	D STATE	DEPART	MENT OF	HEALTH
VISION OF STATISTICA	I DESEARCH	ND PECOE	DS 301 W	DESTON	STREET I

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DI BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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Baltimore Maryland Colfy of Nown ill audid sourporest limits, With RURAL and give named fown) Sparks d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sheat address) York Road NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sheat address) York Road NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sheat address) York Road NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sheat address) York Road NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sheat address) York Road NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital) NAME OF HOSPITAL OR INSTITUTION (if not in hospital)	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission)
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Sparks 4. NAME OF HOSPITAL OR INSTITUTION (If not in baspital), give sireal address) York Road 3. NAME OF DECEASED (Prove opini) William Mays 6. COLOR OR RACE (7. MARRIED (1. INVER MARRI	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) York Road 3. NAME OF BREED First YOR ROAD 3. NAME OF DREERS DO PROBLES DO	G	X (0 1) 16 2 2
YORK ROAD 3. NAME OF DECEASED (Type or print) WILLIAM MAYS 5. SEX 6. COLOR OR RACE 17, MARRIED (INVER MARRIED B. DATE OF BIRTH OF DEATH OF DE		Sparks Maryland
S. SEX	The state of the s	ON A FARM?
S. SEX	York Road	York Road YES NO Y
Types or print		Last 4. DATE Month Day Year
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B. CAUSE OF DEATH (Inter only one couse per line for (a), (b), and (c).	No none 219-32-1235	Mrs. Edith Gorsuch York Rd. Sparks Mc
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funeral 1. PLACE OF DEATH e. COUNTY the day b. CITY OR TOWN (if outside corporete limits filled in by Pages d. NAME OF HOSP papers. 3. NAME OF complete DECEASED (Type or print) withi 7. MARRIED TO NEVER MARRIED and DIVORCED physician remove 13. FATHER'S NAME affending 1B. CAUSE OF DEATH [Enter only one ceuse per signed by IMMEDIATE CAUSE (e) DUE TO has been geve rise to immediate ceuse DUE TO (a), steting the underlying ceuse lest. certificate hospital Se use 20e. ACCIDENT WAS UNDERLYING [for OR CONTRIBUTING CAUSE OF PEATH (IF EITHER, NOTIFY MEDICAL ANAMALINER) After this 20c. TIME OF INJURY Month, Dey, Yeer at work may be refaine DIRECTOR: 21. I certify that (I) (this hospital) saw the deceased alive 22a. SIGNATURE 22c. PHYSICIAN'S FUNE director, I BURIAL, CREMATION, 236 (Specify OH FUNERAL DIRECTOR'S, SIGNATUR VR A15 (4)

15M 9/60

RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) b. COUNTY MARYLAND OR TOWN (If outside corporete limits, write RURAL and give neerest town) . IS RESIDENCE ON A FARM? YES NO DE DEATH 1961 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. S bjrthday) yrs. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? 302 HOLL CORONARY ARTERIOSCLEROTIC C. V. DESEASE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO D 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 1B.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) VUNE 6.14.61 to 11.32.6 19 ..., that (1) (we) last attended the deceased from... 22b. DATE SIGNED DIRECTOR PHYS. PHYS. 22d. ADDRESS 25b. REGISTRAR'S SIGNATURE DATE arthur & Kraus

DEPARTMENT OF HEALTH

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FOR STATE HEALTH DERT liferal director. Page and for your files. TO DEC. XY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with Arrestate Board of or its designated agent, prior to burial, cremation, or removal, and In any event within 72 hours after death.

VS. A1SME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1230: MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12291

Baltimore b. CHYO TI OWN (If works appeared limits, with RUBAL and give nearest form) c. CHYO TI OWN (If works appeared limits, with RUBAL and give nearest form) Edgemere (19) 1 year d. NAME OF HOSPITAL OR INSTITUTION If we in hospital, give sireal address) 2508 Wagner Avenue 3. NAME OF HOSPITAL OR INSTITUTION If we in hospital, give sireal address) 2508 Wagner Avenue 3. NAME OF HOSPITAL OR INSTITUTION If we in hospital, give sireal address) 2508 Wagner Avenue 3. NAME OF HOSPITAL OR INSTITUTION If we in hospital, give sireal address) 2508 Wagner Avenue 3. NAME OF HOSPITAL OR INSTITUTION If we in hospital, give sireal address) 2508 Wagner Avenue 3. NAME OF HOSPITAL OR INSTITUTION If we in hospital, give sireal address) 2508 Wagner Avenue 3. NAME OF HOSPITAL OR INSTITUTION If we in hospital, give sireal address) 2508 Wagner Avenue 3. NAME OF HOSPITAL OR INSTITUTION If we in hospital, give sireal address) 2508 Wagner Avenue 3. NAME OF HOSPITAL OR INSTITUTION If we in hospital, give sireal address) 2508 Wagner Avenue 3. NAME OF HOSPITAL OR INSTITUTION If we in hospital, give sireal address) 2508 Wagner Avenue 3. NAME OF HOSPITAL OR INSTITUTION If we in hospital, give sireal address) 2508 Wagner Avenue 3. NAME OF HOSPITAL OR INSTITUTION If we in hospital, give sireal address) 2508 Wagner Avenue 3. NAME OF HOSPITAL OR INSTITUTION IN HOSPITAL OR INSTITUTION IN HOSPITAL OR	1. PLACE OF DEATH e. COUNTY			CE (Where decessed live	d, If institution: Resid	dence before edmission)
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13. FATHER'S NAME	Laborer	Steel	Virgin	ia	USA	
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18. CAUSE OF DEATH [Enter only one cause per lise for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Condition; if eny, which geve rise to immediate cause (e), stering the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO 20a. EXTERNAL CAUSE WAS CAUSE OF DEATH. 20c. TIME OF INURY Month, Dey, Yeer 20d. INJUST OCCURED. (Enter neture of Injury in Pert for Pert fil of item 18.) While el work et work february street, office bidg., etc.) 10 CONTRIBUTION (Stele) 21. I Certify that I took charge of the remains described above, held an Autopsy in Inspection inquiry and in my opinion death resulted from: Natural causes Accident Signarture 22. BUBIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. INCATION (City, Iown, or country) Burial 23. FUNERAL DIRECTOR ADDRESS PART II. DEATH WAS CAUSE (e) NINTERVAL BETWEEN ONSET AND DEATH ONSET AN	1 1 7 7 7 7 7	217-05-1276 Na	nie M. Smit	h same	20 #2	
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EXAMINER'S NAME (Type) Melvin B. Davis, M. D. DEPUTY MEDICAL EXAMINER M. D. DUDING LEVEN OF COUNTY) Address (Sireer, City, Town, or Country) Part Signed 11/7/61 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Siele) REMOVAL (Specify) Burial 11/9/61 Baltimore National Baltimore, Maryland 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	ACTUAL /// A	1112				
NAME (Type) Melvin B. Davis, M. D. Dundalk Address (Sireef, city, Town, or country)		0001	M.D.			DATE SIGNED
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Walter Brooks Bradley, Inc., Dundalk 22, Md 64NOV 9 '61 Cuilun S. Kima		ADDRESS				
TDATE OF CERTAIN S. Thomas	Walter Brooks Bradley	.IncDundalk	22.Md NOV	9 '61	-1 0 1-	
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	lician and campletely filled to the funeral direct	e carban papers. Pages 1 and 2 should be filed w	vithin 72 house after death.
	d by the attending physic	nit. Then pleose remave	val, and in ony event w
may be sined by the hospital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed	page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed v	the State Board of Health prior to burial, cremation, or remayal, and in any event within 72 hour after death.

VR A15 (4) 15M 9/59

12000 DIVISION OF STATIST	CERTIFICA'	TE OF DEATH	MORE I, MARYLA	19	200
1. PLACE OF DEATH o. COUNTY Baltimore County	MARYLAND	2. USUAL RESIDENCE WILL OF STATE		institution; Residence OUNTY M.OM	before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland	TH OF STAY IN 16	Washing	putside corporate limits	write RURAL ond giv	re neglest town) $15X-2$
d. NAME OF HOSPITAL (If not in hospital, give street oddress), OR INSTITUTION Mt. Wilson State Hospital		4. STREET ADDRESS	lar st	7.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CLARENCE	Middle H	ARTSON	4. DATE OF DEATH	Month	Day Yeor 19 (2)
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED	DIVORCED	9.15.187	8 9. AGE (lost bi	11 1	YEAR IF UNDER 24 HRS. Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)	BUSINESS OR INDUS	Michi	ran	12.CITIZE	OF WHAT COUNTRY
CALVIN HARTSO	N .	MARY	ANN S	FANBUI	RN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or upknown) (If yes, give war or dates of service)		spital Record	ls, Mt. Wil	Address son State	Hespital
PART I. DEATH (Enter only one couse per line for (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	is selero	tic heari	t dise	rse	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if only, which (b)					0
gove rise to immediate couse (a), stating the under- lying couse lost.					
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		O. (Enter noture of njury in	9-17-6		002X
		ACE OF INJURY (Home, form tory, street, office bldg., etc		(Co	ounty) (State
21. 1 certify that (I) (this hospital) attended the saw the deceased olive an 19	2.4		61, to 11,		dote stated obove
220. SIGNATURE WWWCMU	,	M.D. ATTENDING M.PHYS. D	ED. STAFF RECTOR X PHYS.	o 11.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Wm. Newcomer, M.D., Superi	ntendent	Mt. Wilson	State Hes	pital, Mt.	. Wilson, M
13 will 10, 1961 C	ame of cemetery of	Cemelery	Prince &	w.lo	maryland
24 FUNERAL DIRECTOR'S SIGNATURE 254 CAM	Wal het	De V250. REC	D BY REGISTRAR 2:	Outhur &. 1	Kraus
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MARYLAND STATE DEPARTMENT OF HEALTH

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within 24 hours after filled in by the funeral should TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

2

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE

CERTIFICATE OF DEATH CERTIFICATE OF DEATH

a. COUNTY Balt		MARYLAND	2. USUAL RESIDENCE (Where do not state Maryland	b. COUNTY	esidence before admission)
b. CITY OR write RI Fort	TOWN (if outside corporete limits, URAL and give neerest town) Howard	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside cor Baltimore	porate limits, write RURAL end	give neerest town)
	OF HOSPITAL OR INSTITUTION (if not in he		d. STREET ADDRESS	JVI	. IS RESIDENCE
	rans Administration		1431 Madison	n Avenue	YES NO K
3. NAME OF DECEASE		Middle	Last 4. DATE OF	Month	Dey Yeer
(Type or pri		L.	HAUGHTON DEATH	November	14 19 61
5. SEX	6. COLOR OR RACE 7. MARR	IEO NEVER MARRIED B		AGE (In years IF UNDER 1	
Male	Negro widow	/ED DIVORCED T	October 28,1894	67 yrs. Months	Deys Hours Min.
10e. USUAL Condone during m	nost of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co State. Edenton, N. Caro.		U. S. A.
13. FATHER'S			14. MOTHER'S MAIDEN NAME		
Albei	rt Haughton		Theresa Paxton		
Yes, no, or un	kown) (If yes give war or dates of service) WW T	213-28-9552 F	NFORMANT Linical Records, VAI ORT HOWARD DIVISION	H, Baltimore 1	8, Maryland
	SE OF DEATH [Enter only one cause per				INTERVAL BETWEEN
PAR	TI. DEATH WAS CAUSED BY: CARC	INOMA OF THE ES	SOPHAGUS		I'E YEARS"
1	> 0 × XXXX				le parce
Conditions	s, if eny, which	TERAL PNEUMONIA			4 DAYS
The state of the s	to immediate cause DUE TO				
cause lest.	g ine underlying				
Z PART	II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
ST.	A STATE OF THE STA				PERFORMED?
OR CONTR	REDITING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER	ESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Part I or Pert	II of item 18.}	
0	OF INJURY Month, Day, Yeer 20d wir a.m. Whi p.m. 19	ileNot While fact	CE OF INJURY (Home, farm, 20f. (Ci ory, street, office bldg., etc.)	ly or lown) (Coul	nty) (State)
21. I ce	rtify that * (this hospital) atte	nded the deceased from	November 11361, to	November 1416	1:, that (X (we) last
saw the	deceased alive onNOY	14 19.61 , and that	death occured at P M, from	m the causes and on t	he date stated above.
22a. SIGN					22b. DATE
1	DU Calina MA		D. PHYS. DIRECTOR	STAFF PHYS. X	11/15/6]
22c, 8HY	TO THE WAY TO THE	1	22d. ADDRESS		رب رب رسد
SEBAS	TIAN RUSSO ATAM. M.	D	TIATI DATIMENTO DE S	244.7027.4.200	
	CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	VAH BALTIMORE 18	ATION (City, town of county	HOWARD DIV.
Burie	(Specify) ; 7 _ 1 / 1	Baltimore Nati		Baltimore	28. Maryland
24 FUNERA	SIBECTOR SISTEMATURE / SUN	ADDRESS	25e. REC'D BY REGIS	STRAR 256. REGISTRAR'S S	GIGNATURE
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		Baltimore 17,Me			
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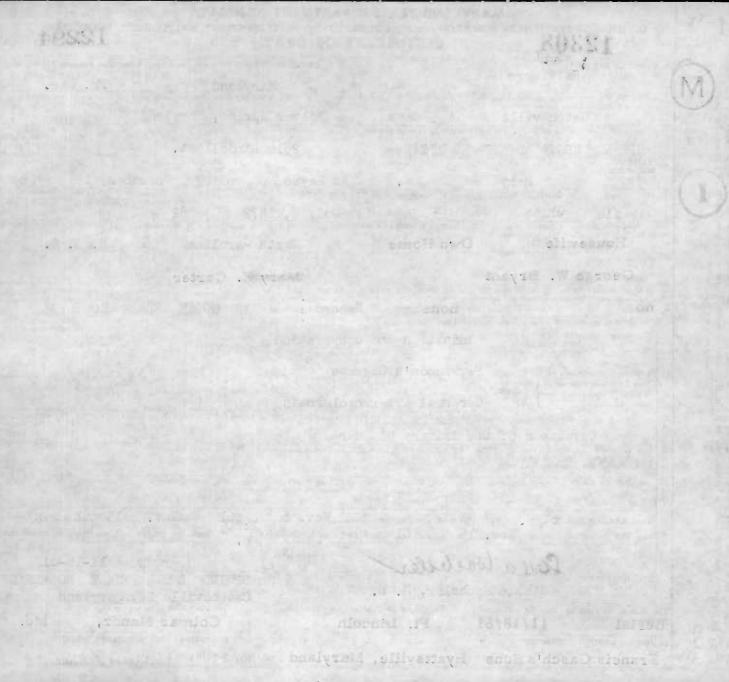
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Goorge G. Merson Puneral Home, 1340 M. Calhoun St. Will Beet AS THE WAY MAN TONI

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 12308 CERTIFICATE OF DEATH

1. PLACE OF DEATH e. COUNTY Relimone				nstitution: Residenca before edmission)
e. COUNTY Baltimore	MARYLAND	e. STATE Marv	land b. coun	Pr. Goo.
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16		If outside corporete limits, write	
write RURAL and give nearest town) Catonsville	9 days	Silver Spr	ing, Maryland	1537.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS	-60)	e. IS RESIDENCE
	SPITAL	2514 Li	ndell St.	ON A FARM?
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer
(Type or print) Mary	E.	Hayes	DEATH Novem	ber 15 1961
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 1 8	. DATE OF BIRTH	9. AGE (In yeers	
female white whowen	9.0	July 7, 1879	last birthdey) 82 yrs.	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work 1Db. KI	ND OF BUSINESS OR INDUSTR		ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	n Home	North C	arolina	U. S. A.
13. FATHER'S NAME	TI TIOTHE	14. MOTHER'S MAIDEN		1 0. D. A.
George W. Bryant			. Carter	
	SOCIAL SECURITY NO. 17.	NFORMANT	Address	
(Yes, no, or unkown) (Ifyesgivewerordatesofservice)	one n Rec	ords: SPRIN	G GROVE STAT	E HOSPITAL
18. CAUSE OF DEATH Enter only one ceuse per li		·	d dioin Dini	INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	nition and del	wdration		ONSET AND DEATH
3 C 2 V	in ordin and adi	y ara oran		
Conditions if your Party	inson's Diseas			
geve rise to immediate cause	THEOLI O PIECE	, c		
(e), stating the underlying DUE TO	3 7 t			
	bral arterios o			
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3 20c. TIME OF INJURY Month, Day, Year 2Dd. I		CE OF INJURY (Home, farm		(County) (Stete)
20c. TIME OF INJURY Month, Day, Year 2Dd. I While at work	hand I dol At 11110 hand	ory, street, office bldg., etc.	1	
		Nov 6	1067 to NOT	75 19 67 that (NT (wa) las
21. I certify that XX (this hospital) attend	10 67	1:	201.,	ים אוריי זיין אין that (שָרַ (we) las
saw the deceased alive onNo.V15		death occured at	M, from the causes a	and on the date stated above
Sella Wac	leslon M		AED. STAFF	11-15-61 SIGNE
22c. PHYSICIAN'S		22d. ADDRESS S	PRING GROVE	STATE HOSPITAL
NAME (Type) Stella Wachs	ler, M. D.	C	atonsville 28,	Mary land
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, tow	rn or county) (State)
Burial (Specify) 11/18/61	Ft. Lincoln		Colmar Ma	nor, Md.
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. REC	D BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
Francis Gasch's Sons Hy	yattsville, Ma	ryland DATE NO	OV 21 '61	Ulung & Kraus
	COUD VILLO, IVIA	- 1	THE CO.	A. HAMA



TO HO STAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 5 death. Let may be retained by the hospital or attending physician.

Yet a may be retained by the hospital or attending physician.

Yet of UNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shorts be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, CERTIFICATE OF DEATH 19200

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution:	Residence before edmission)
1	a. COUNTY J. T. MOYP MARYLAND	a. STATE SINCE THE B. COUNTRY	timeson
-	b CITY OR TOWN (if outside corporete limits, , , , , , c. LENGTH OF STAY IN 1b.	_c. CITY OR TOWN (If outside corporate limits, write RUBAL and	give nearest town)
ł	write RUKAL and give/nearest tokn)	D \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	11
4	Mural - While Mall 60415/	Mural - 11 hile /73	//
1	or NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	Old York Kd.	Old York Rd.	YES NO DE
W	3. NAME OF A Figst Middle	Last 4. DATE A Month	Dey Yeer
Л	(Type or print)	TOICE DEATH VALUE HOY	1 10/1
	1 I I I I I I I I I	16.10 C 100 E11(DE)	() 196
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	9. AGE (In yeers IF UNDER 1	YEAR IF UNDER 24 HRS. Deys Hours Min.
1	WIDOWED DIVORCED L	10 C. 22 /8/6 6 Tyrs.	Deys Hours Mills
1	1De. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	IZEN OF WHAT COUNTRY?
1	done during most of working life, even if retired)	Whita H-11 Wd 7	12/4
	13. FATHER'S NAM!	14. MOTHER'S MAIDEN NAME	01/1
1	11/1		6 4 1
	John W. Troul	VTARRA MO ((INOS	AGD GA
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19. (Yes, no, or yokown) (Ifyesgivewerordetesofservice)	Address	V/ no Val
		ofm & House TII brade	Marke Inn.
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)	and persone, corner	INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY:	Col- a planel alleri	ONSET AND DEATH
1	IMMEDIATE CAUSE (a) JUCILISTICALE	Cio 8 presidente	7 1000
1	175.0 DUE TO 0 1A		2 (1
1	Conditions, if any, which (b) La of Un	nang.	292
	geve risa to immediate cause (a), stating the underlying DUE TO		
	ceuse lest, (c)		
1		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
1	OF THE PROPERTY OF THE PROPERT		PERFORMED?
	□ 2DB. ACCIDENT WAS UNDERLYING □ 2Db. DESCRIBE HOW INJURY OCCURED	D. (Enter neture of injury in Part I or Pert II of item 18.)	1153 140
	OR CONTRIBUTING CAUSE OF DEATH	, (ther heldre of injury in rail (or reft if or field to.)	
	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLA	ACE OF INJURY (Home, ferm, '2Df. (City or town) (Coutory, street, office bldg., etc.)	nty) (State)
1	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLA Hour a.m. While Not While fact p.m. 19 at work at work		
	21. I certify that (I) (this hospital) attended the deceased from.	May 1961, to 11 /1 , 19	61. that (1) (last
а		1 Fidab	
		death occured at 30M, from the causes and on	22b. DATE
1	220. SIGNATURE	ATTENDING MED STAFF	SIGNED
1		A.D. PHYS. DIRECTOR PHYS.	11/2/61
	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	/ / /
1	NAME (TYPE) C. HERBERT MUELLER.	Jr PARKTON, MD.	
Ħ	238 BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or count	y) / (State)
	Buy id Mall-4-1961 Talahnt	hebaptistion New Free	dom. Fa
1	24 FUNITRAL DIRECTOR'S/SIGNATURE ADDRESS	2Se. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
(The Land		Heart
1	FROM HOURISEUM, I KINT TOTELOW	my La DATE NOV 6 '61 arthur 2	, , , , , , , , , , , , , , , , , , , ,
1/			

· Jan an is Eastroners Maryland Baltimore Koral-Whitelall Edges Paral-White Halle York Rd Cold York Rd A Mabel I. C Dec 23/896 64 Teacher Public Schools White Hall Mid. Cost John W. I real Temps, Hading speed John Lower the hit Hall Hill of the second production of the second of the Com of lowery Mary that the same of the same of e per the transfer of the state of the state of C HERBERT PAUEREN W. PARKER HER Guris Mer 4 96 St Schnift Posts Pen New Freeden 13 Level of the Montalin, There Freeholm with a 1918 to 1918 and I have

	1	
IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after med by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death	
ATTE be reta	ECTOR	
OR D	DIRI 3 sho	
TO HC. TAL	TO FUNERAL director, page be filed with the	

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1.	PLACE OF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)							
	Baltimore MARYLAND	a. STATE Md b. COUNTY Baltimore							
-	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and giva neerest town)							
	write RURAL and give pearest town)	110							
0	Daynesville	X Baynesville							
V	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streef eddress)	d. STREET ANDRESS IS RESIDENCE ON A FARM?							
10	8517 Loch Raven Blvd.	18517 Loch Raven Blvd. YES NO DK							
3.	NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer							
1	(Type or print)	PEATH NOV 17 19 61							
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
-	, , , ,	lest birthday) Months Deys Hours Min.							
	ale white WIDOWED DIVORCED DI	/Ct. 9, 1005 / 0 yrs.							
	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
	Retired limekeeper	Maruland USA							
13	FATHER'S NAME	14. MOTHER MAJDEN NAME							
	George Herbat	Cuniounda Zimmerman							
		NFORMANT Address							
(Y	es, no, or unkown) (Ifyesgivewerordetesofservice)								
=	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	rs William B. Bartman same							
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH							
	IMMEDIATE CAUSE (a)	wify receive 6 mos							
-	420.1 DUE TO								
	Conditions, if eny, which (b)								
	geva rise to immediate ceuse								
	(e), stating the underlying								
-	cause lest. (c)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY							
2	PAKI II. OTREK SIGNIFICANI CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED? /							
3	Frenenogen	Cortema YES NO W							
CERTIFICATION	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	. (Enter neture of injury in Pert I or Pert II of item 18.)							
F	(IF EITHER, NOTIFY MEDICAL EXAMINER)								
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Slata)							
ED	Hour a.m. While Not Whila fact	ory, street, office bldg., etc.)							
>		11/1 2061 11/17 2061 2001 21							
	21. I certify that (I) (this hospital) attended the deceased from								
	saw the deceased live on	death occured and me the causes and on the date stated above.							
	22e. SIGNATURE	ATTENDING MED, STAFF 22b, DATE SIGNED							
	Hallon Fran	D. PHYS. DIRECTOR PHYS. 11/17/6/							
	PHYSICIAN'S	22d. ADDRESS							
	NAME (Type) Gordon Grau, M.D.	8523 Loch Raven Blvd. Balto. 4							
1	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Slate)							
1	REMOVAL, (Specify)	1 0 1 1							
-	burial 11-20-61 New Cathed	ral (em. Baltimore, IIId.							
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS								
	Leonard J. Ruck 5305 Harford Rd.	DATE NOV 21 '61 Cirling S. Kraus							
-									

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1. PLACE OF DEATH	2. USUAL RESIDENCE (Where daceesed lived, If institution: Residence before admission)									
e. COUNTY Baltimore MARYLAND	Maryland b. COUNTY									
b. CITY OR TOWN (if outside corporete limits, write RURAL end give naerast town)	c, CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)									
Fort Howard 7 Days	XBaltimore 27									
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?									
Veterans Administration Hospital	2751 Arbutus Avenue YES □ NO □									
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Yeer OF									
	IGDON DEATH November 17 19 61									
7. MAKKIED ZETTEVEK MAKKIED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.									
Male White WIDOWED DIVORCED A	ugust 28, 1919 42 yrs.									
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
Carpenter Construction	Grasonville, Maryland U.S.A.									
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME									
Edward Higdon	Wilhelmina Tarbutton									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes give wer or detes of service)	nical Records, VAH, Baltimore 18, Maryland									
Yes WW 11 219-05-4941 FOR	T HOWARD DIVISION									
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN QNSET AND DEATH									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RIGHT LOBAR PNEUMONIA, MASSIVE 4 D										
157 X DUE TO										
Conditions, if eny, which CARCINOMA, PANCRE	AS, WITH METASTASIS TO LIVER,									
(a), steting the underlying ADRENAL, THORACIC	WALL, REGIONAL LYMPH NODES UNKNOWN									
ceusa lest. (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?									
	(Enter neture of injury in Pert I or Pert II of item 18.)									
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
O foots	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)									
Hour a.m. While Not While factor at work at work	in particular states and particular states a									
21. I certify that XI (this hospital) attended the deceased from N	ovm 10 2,261, to Nov. 17 , 161, that (a) (we) last									
saw the deceased alive on November 17 19 61, and that	saw the deceased alive on November 17, 19,61, and that death occurred at									
220. SKGIVA)URE	22b. DATE									
Marine UD. M.	M.D. ATTENDING MED. STAFF PHYS. 11/17/61									
22c PHYSICHAN'S	22d. ADDRESS									
SEBASTIAN RUSSO, M.D.	VAH, BALTO. 18, MD., FORT HOWARD DIVISION									
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	DE CREMATOR (23d. LOCATION (City, town or county) (Stete)									
Burial 1/2. 6, Boltimore Natio	mal Cemetery Baltimore 28, Maryland									
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE									
James L. McCully, 237 Patapsco Ave., Balto.,	Md. DATE NOV 2 0 '61 Conting & House									
Exercise the troops of the transfer the transfer to	2000									

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Ammer's surfaces 1275

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demon in industry, in the OSCO news, inc. , inc.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12312 CERTIFICATE OF DEATH Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed a. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If autside carparate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN of autside carporate limits, write RURAL and give nearest town) pe RURAL and give nearest awn shauld A 21.661 KARS d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS OR INSTITUTION. NAME OF 4 DATE filled DECEASED OF DEATH (Type or print) ages 5. SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED campletely last birthday) Manths WIDOWED 1 DIVORCED [papers. yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life even if retired) Home TOUSE WIF and carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address attending NO edse 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] à PART I. DEATH WAS CAUSED BY: Then IMMEDIATE CAUSE (a) the DUE TO arterioselesson à 700 Conditions, if any, which baub gave rise to immediate DUE TO cause (a), stating the underattending physician. burial-transit lying cause last been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY remayal, has 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II af item 18.) certificote (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20f. (City ar town) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED JO use factory, street, affice bldg., etc.) Haur a.m. While Nat while 1 19 this at wark at wark After 196/,that I last saw the deceased 21. I certify that I attended the deceased fram. detached burial, and that death accurred at La A-M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL be SIGNATURE shauld PHYSICIAN'S NAME (Type) 3 22a BORIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, ar caunty)

ADDRESS

emeler,

VOLTA 2

24g. REC'D BY REGISTRAR

IS RESIDENCE

ON A FARM? YES NO ST

Year

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO

(State)

VA.

(State)

Days

(County)

24b. REGISTRAR'S SIGNATURE

Orthur & Thank

poge 0

VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

ANT MAN TO MAN TO SERVICE AND ASSESSMENT OF THE PARTY OF 2713 Bost al Les Controls Controls Stendard OF Evans 1 San 8802 decess of more 1 TO HOSI FC. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be lined by the haspital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached far use as the burial-transit permit. Then please remave carbon popers. Pages 1 the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2299

	PLACE OF DEATH a. COUNTY	Parkton Ba	élir	nove MARYLAN		usual RESIDENCE (W	ten Mi	b. COUNTY	-	e before odn Baltimo	230		
	RURAL and give no		s, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (IF		rate limits, write R	URAL and gi	ive nearest to	iwn)		
-	d. NAME OF HOSPITAL (If not in haspital, give street address)					Parkton d. STREET ADDRESS e. IS RESIDENCE							
	OR INSTITUTION					Ma	ON	A FARM?					
=		Parkto				Parkt			Md		YES NO G		
	NAME OF DECEASED (Type or print)	GUSTAV	H	Middle	HAE	EMAN	4. DATE OF DEATH	Man		Day 20	Year 19 61		
5.	SEX	6. COLOR OR RACE	7. MARR	HEDE NEVER MARRIED		ATE OF BIRTH	0.	9. AGE (In years	IF UNDER	YEAR IF UN	0.1		
	Male	White	WIDOWE	DIVORCED		8-16-1896		last birthday) 5 yrs.	Months	Days Hou	rs Min.		
100	. USUAL OCCUPATIO	ON (Give kind of work di	ane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	e or fareign c	ountry)	12. CITIZ	EN OF WHA	T COUNTRY?		
	Farm			Retired		Baltim	ore	Md.	U	SA			
13.	FATHER'S NAME				1.	. MOTHER'S MAIDEN	NAME			1.030			
	Jo	ohn Hoffman				Unk	nown						
		R IN U. S. ARMED FORC		SOCIAL SECURITY NO.	7. INFOR	MANT		Addi	ress				
,,,	No	(ii) yes, give war ar acres or so		212-10-6769	Mr	Carrie Ho	ffman	Parkt	on	Md.			
	18. CAUSE OF DEA	TH [Enter anly one cau	se per lin	ne for (a), (b), and (c).]		1		,		INTERVAL	BETWEEN		
	PART I. DEATH WAS CAUSED BY: [PLO Colorator - (Probable)										ND DEATH		
10	204,1	DUE TO	(0	1	*		,-			
	Conditions, if a			tenualis a	-ti	e ten	hem	Lic		5	1.60		
	gave rise to i	mmediate (1	U								
	cause (a), stating the <u>under-</u> lying cause lost. (c)										- 18/5		
NO.	PART II. OTH	IER SIGNIFICANT CONE	OITIONS C	CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19. WA	AS AUTOPSY REORMED?		
S		4.79g / 5 PUS							1-1-		□ NO □		
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)												
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While at work at wore work at												
		131	attend	led the deceased fro		7 Jeure 19				,) (we) last		
	saw the deceased drive drive drived in the causes and an the agree sided above.												
	220. SIGNATURE 220. SIGNATURE (C.) ACILLACT M.D. PHYS. DIRECTOR STAFF PHYS. 1/1/20/66												
	22c. PHYSICIAN'S NAME (Type) AN 22d. ADDRESS									1			
	TAME (Type)	C. HERBE	RT	MUELLER	Jr.	LAI	RK 10.	pl 1	40				
23	BURIAL, CREMATIC		F	23c. NAME OF CEMETER	RY OR CE	EMATORY	23d. LOCA	TION (City, town,	or county)	(9	itate)		
	REMOVAL (Specify) Burial	11-24-190	61	Parkwood Ce	emete	אדיקר	Balt.	imore	Mar	wl and			
24.	FUNERAL DIRECTOR	'S SIGNATURE	100	ADDRESS		25a. REC		TRAR 25b. REGI	STRAR'S SIG	4 -			
1	tassaln	Finesollo	me	7401 Balas	NR	DATE	OV Z Z	a	Thur S.	Thank			

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 A

MARYLAND STATE DEPARTMENT OF HEALTH

		ATE OF DEATH
1	PLACE OF DEATH BUTTON ON COUNTY BUTTON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Dayland b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL - Cacago 1116 9 yrs.	C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not inhospital, give street address) OR INSTITUTION Maryland Masenic Home	d. STREET ADDRESS 2817 K4 Ectert Ave. e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	NAME OF DECEASED (Type or print) Marganet Elizabeth	Hoffman 4. DATE Month Day Year OF DEATH NOV. 16 1961
S.	SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH Jan 11, 1871 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.
100	t. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired)	DUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? What country? 4. S.4.
13.	George W. Armacost	Rachel Hutton
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 16. SOCIAL SECURITY NO. 17. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Merras Man Massic Home - Cockeys ville
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under- lying couse lost.	quite is schrosis interval Between ONSET and DEATH 1/ears.
CATION		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Port II of item 18.)
MEDICAL		PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.) 20f. (City or town) (County) (Stote
		deoth occurred of 125M, from the couses and on the date stated above.
	220, SIGNATURE Color abouth Beherrill 22c. PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. 22b. DATE SIGNED
	NAME (Type Elizabeth B. Sherrill	Cockeyer: 114, 1ne.
	BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY 11-20-61 Emanueal Lut	or CREMATORY 23d. LOCATION (City, town, or county) (State) Cheran Cemetery, Manchester, Maryland

Emanueal Lutheran Cemetery,

25b. REGISTRAR'S SIGNATURE

DATE NOV 2 0 '61

VR A15 (4) 15M 9/59

24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Wm. Cook, Inc., 1217 St. Paul Street, Zone 2

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			all has programed a financial the
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	Tan 11 1521 93		
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	Rawhel Hutt		George G. Pama
Anne Cakapille	Meaning Mendagina	2442-2 4-4x	
		No.	19/12/24 75 1
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13	2	H	em 20b Fi 2-13-61 ar	lm 302	MAR	YLAND STA	TE DEP	ARTMENT	OF HEALT	Н		71 A D 170
FOR STATE			1231	M	EDICA	L EXAMIN	IER'S	CERTIFIC	ATE OF D	EATH4	RE 1, MARY	rLAND
HEALTH DEF	T.	1.	PLACE OF DEATH	3	Items	7,8,9,22	2 & 22	USUAL RESTO	ENCE (Where dece	sed lived, It ins	titution: Resident	ca before admission)
ary, age	~	/	a. COUNTY	timore Con	intv	MARYI	LAND	a. STATE	yland	b. COUNTY		
S - E A			. CITY OR TOWN (if outside corporete li give nearest town)	mits,	c. LENGTH OF STA	Y IN 1b		N (If outside corporat	le limits, write R	URAL end give r	nearest town)
is nectional your			Bal NAME OF HOSPIT	timore Con	mty	ital aireatast adda)	d. STREET ADDRE	timore	3	VOI	4
d for Boar	X		250 ft.	south of	ewer R	pital, give straet addre	955)					ON A FARM?
furraine State			PAST OI NAME OF DECEASED	North Poi		Middle	Ho	Lley 012	East Prat	Month	Day	YES NO
. If a the ret the the the the			(Type or print)	Her	ırv	C.		Hollv-	OF DEATH	Novemb	er 16.	19 61
leath d 3 to ay b with s aft		5.	SEX	6. COLOR OR RAC	7. MARRIE	NEVER MARRIED	8. DA	TE OF BIRTH		GE (In yeers IF	UNDER 1 YEAR	IF UNDER 24 HRS.
s and 2 and 4 2 hour		10a	Male	White	WIDOWE	DIVORCED		, 25 /	91191 39	38 yrs.		
s 1, 2 s 1, 2 age 1 an	- 11	dor	e during most of wo	rking life, even if ret	ired)	APINE	INDUSTRI	1 /a	ete or toreign country	y)	12. CHIZEN O	F WHAT COUNTRY?
hour hour 3. P. 3. P. 93. P. 9		13.	FATHER'S NAME		1//	HEINE	14.	MOTHER'S MAID	EN NAME			O FI
PW PW		,	DREWA		HOLL	EY	1	ULA	F. Te	BINI	HAN	
or it.	ン	15. (Ye:	WAS DECEASED EV	ER IN U.S. ARMED FO	ORCES? 16. : fsarvice)	SO CIAL SECURITY NO). 17. INFO			Address		
tem with perm any		-	18. CAUSE OF D	EATH (Enter only o	ne ceuse per li	ne for (e), (b), end (c)	JAMA	=5 L F	+OLLEY	GOEDE		LE VA.
l in l ong ong nsit			PART I. DEATI	H WAS CAUSED BY		nmonixide		ina				SET AND DEATH
be e penci ce al ce al			77	DUE T		IIIIOIIIXIUĖ	TOTSOIL	TITE				
ould Office Duri			Conditions, if any		b)							
ding' ding' ser's as a			geve rise to immedi (e), stating the un		0							
iffica pendamin sed sed	90	z	PART II. OTHER	SIGNIFICANT CON	DITIONS CON	TRIBUTING TO DEATH	I BUT NOT REI	ATED TO THE TER	MINAL DISEASE COL	NDITION GIVEN	IN PART 1(a): 15	9. WAS AUTOPSY
ord ord be u	2	CATION				0.50						PERFORMED?
Thi we we did		CERTIFIC	20a. EXTERNAL CA	USE WAS	20b. DESCRI	BE HOW INJURY OCC	CURED. (Enter	natura of injury in	Pert I or Part II of iter	18.)		st pipe."
MER of Mer			PRIMARY TO OF CO		"He	inhaled car	rbonmon	nixide wh	ile in au	to. by w	as of a	hose
writi Writi		MEDICAL	20c. TIME OF INJU		While	Not While	20e, PLACE O	treet, office bldg.,	etc.)	town)	(County)	(Sfate)
EX.		×		Nov. 16 19	30.00	ains described abo	Ros		Inspection	Ltimore	Co., Ma	ryland in my opinion
rtiffic CTT TT, T				rom: Natural		Accident ,	Suicide	The second name of the second		ermined man		m my opinion
ZDIC ne ce vard vard age				1/	117	11		CHIEF MEDICA	AL EXAMINER			
for for the			ACTUAL SIGNATURE	1/away	X. S.	Hard	, A	ASSISTANT A	MEDICAL EXAMINER	X	D.	ATE SIGNED
DEI T MED lease execute the should be forwer FUNERAL DII	2		EXAMINER'S NAME (Type)	HOWARD (CHATT	D M D			CAL EXAMINER		77	126 162
Shoul FUN FUN		22a.	BURIAL, CREMATIO REMOVAL (Specify)	N. 22b. DATE THE	REOF	22c. NAME OF CEME		MATORY	22d. LOCATION	(City, town, o	country)	Vi (State) nia
0 g 4 0 g			EMOUAL	11/16	1617			OL/ HODY	# Goldo	DNVILL	\$777W	A1.
VS. A15ME		28.	FUNERAL DIRECTO	31	0	ADDRESS	+	1	NOV 1 7 '61		RAR'S SIGNATU	
5M 9/60	9	de	mesc	sugger	ski,	140 K do	lisne	COC DATE	, , , , , ,	U.e.	In S. Kra	and a

Halfalore County hom 5 (mail) alter a love to day to a contract and and DERWEY HOLLEY LULY F. JERIN MANE THORES Y HOLLEY SEEDING bearing a solution of the second of the seco THE REPORT OF THE PARTY OF THE THE SECOND SHAP SO THE PARTY SHAPE GALLORS SINES

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12316 CERTIFICATE OF DEATH 12302

1. PLACE OF DEATH				2.	USUAL RESI	DENCE (When	e deceased lived, I	f institution: Res	Idence bafore	admission)
	ltimar e		MARYLAN	ID	a. STATE	lary land	b. cou	INTY		/
b. CITY OR TOWN (in	outside corporate limi give nearest town)	ts,	c. LENGTH OF STAY IN	16	c. CITY OR TO	WN (If outside	corporete limits, wr	ite RURAL and	give nearest to	own)
Catonsv			28 days		Baltimo	re		20	101-4	_
d. NAME OF HOSPIT	AL OR INSTITUTION (if not in hos	pital, give street eddress)		d. STREET ADDI	RESS				RESIDENCE
SPRING G	ROVE STATE	HOS	SPUTAL		3709 W	ast Col	d Spring	Lane	YES T	NA FARM?
3. NAME OF	First		Middle		Last	4. DAT			1	ear L
DECEASED (Type or print)				11		OF DEA			1	
	Norris				ington	DEA				9 61 ER 24 HRS.
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED		ATE OF BIRTH	- 0	9. AGE (In year last birthday)		ys Hours	Min.
male	white	WIDOWE	DIVORCED		ct. 26,	1892	69 yrs.			
10a. USUAL OCCUPATI	ON (Give kind of work	10b. K	IND OF BUSINESS OR IND	USTRY	1. BIRTHPLACE	County & State	, or foreign country) 12. CITIZ	EN OF WHAT	COUNTRY
paroll		9)			Marylan	nd		U.	S. A.	
13. FATHER'S NAME				14.	MOTHER'S MA	IDEN NAME				
Alexanden	Huffingtor	,			Mary Ma	lone				
15. WAS DECEASED EVI	RIN U.S. ARMED FOR	CES? 16	SOCIAL SECURITY NO.	17. INF	DRMANT		Addre	55		
(Yes, no, or unkown) (If	yes giva war ordates of s	ervice)				PRING (GROVE ST	ATE HO	SPITAL	
	ar 1	h *	3-09-2797	nece	I'da; DI	TITING C	TOAR DI	AIL HO		
1 10 10 10 10 10 10 10	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH									
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease									
4-2-	DUE TO									
Conditions, if any	which 7 (b)									
gave rise to immadia	ata cause									
(a), stating the uncause last.	IdeliAlud									
	SIGNIFICANT CONDI	TIONS COM	NTRIBUTING TO DEATH BU	T NOT R	LATED TO THE T	FRMINAL DISEA	SE CONDITION G	VEN IN PART 1	(a) 19. WAS	AUTOPSY
01	SIGNIFICATION CONDI	10110 001							PERI	FORMED?
5			ecubitus ulo						YES	но Ж
PART II. OTHER DEL 2Da. ACCIDENT WAR	CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCC	URED. (Er	ter nature of inju-	ry in Part I or Pa	art II of item 18.}			
								10	,	101 1 1
20c. TIME OF INJU	RY Month, Day, Ye	ar 20d. While			OF INJURY (Home street, office bldg		(City or town)	(Count	y }	(State)
p.m.	19	et wor								
21. I certify the	at 35) (this hospi	tal) atten	ded the deceased fr	om	Oct. 24	19 61	to. Nov.	24 196	that (I)	(we) las
enve the decens	ed alive on NOV	7. 24				5:50 M	rom the causes	and on th	e date stat	ted above
22a. SIGNATURE	60 alive 011		, and	mai de	ani occurso	2.	TOTAL TITO COURSE	and on m		2b. DATE
ZZa. SIGNATORE	51,000	lina	chiler		ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	11-2		SIGNED
22c. PHYSICIAN'S	caua	au		M.D.	PHYS. Z	SPRIN			HOSPIT	PAT
NAME (Type)	Stella W	Jachsl	er, M. D.		220. ADDRESS	100 20 20 02-2-1				LLA.
					1		sville 28			
23a. BURIAL, CREMATI REMOVAL (Specify)	ON, 23b. DATE THE	REOF	23c. NAME OF CEMET	ERY OR	CREMATORY	23d. L	OCATION (City, t	own or county)		(State)
Burial	11-28-6	1	Baltimore N	atio	nal Ceme	tery B	altimore,	Maryla	and	19-11
24 FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS				GISTRAR 256. R			
11 m A Anbr	enondary	Ru	Pluxac 12	mas	Sand. DAT	E NOV 2 7	'61 C	irilium S. 7	Times	
MII DINON	of the KO	Mul	reined 1/1	nevil)	Lord . I ou	-1101 -				
0				6						

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

See 4 may be retained by the hospital or attending physician.

Yet of the see of the certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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IO HOSPICAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. A may be retained by the hospital or attending physician. Yet of the physician and complete filled in by the funeral experiments of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any every within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12317 CERTIFICATE OF DEATH 123()3

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed lived, If institution: Residence before edmission)
Y	Soltimane MARYLAND	o. STATE SCOUNTY b. COUNTY
1	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write NIBAL and give nearest lawn)	c. CITX OR TOXN (If outside corporete limits, write RURAL end give neerest town)
	Caloushille 23 Upc	Osallimore 31014
10	d. NAME OF HOSPITAL OR INSTITUTION (if got in hospitel, give street address)	d. STREET ADDRESS ON A FARM?
>	print brove State Hospital	1925 W. Lambard St YES NO Y
3.	DECEASED First Middle	Lest 4. DATE Month Dey Yeer
	(Type or print)	MUSS DEATH 11 25 1961
5.	SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	3. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Devs Hours Min.
	Male WIDOWED DIVORCED	S - 1 - 1884 - Sinney Months Deys Hours Min.
	e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST one during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
IL	luckster's helper Trodyce	Maryland M.S. H
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Unknown.	Unknown
	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
	NO NONE NONE E	Lizabeth WALTERS 1205 CALhoun St.
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac Deco	upensation Pays
	DUE TO O	1 1
. 10	Conditions, if eny, which \ (b) Gastro-enter	itis unknown eliology Days.
4	geve rise to immediate cause (a), stating the underlying DUE TO	1 L O . Dd V
	ceuse lest. (c) Veneralized	theriordeross rears
NO.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING LEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAI		YES NO 🖳
CERTIFICATION	OR CONTRIBUTING [] CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Pert II of item 1B.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
ME	p.m. 19 et work et work	
	21. I certify that (I) (this hospital) attended the deceased from.	2 - 1, 19.58 to 11.1 - 2.5, 19.6.1 that (I) (we) last
	saw the deceased alive on 11-25 19.6.1., and tha	death occured at
	220. SIGNATURE	ATTENDING MED. STAFF 22b. DATE
13		A.D. PHYS. DIRECTOR PHYS.
	22c, PHYSICIAN'S NAME (Type)	Speny Grove State Hogy &
_	Gearld E. Weins tein M.D.	The second secon
23	BENOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY	
	BYRIAL 11-28-61 WESTE	
24	GEOL-Schung Funeant HoyadDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
L	Prancis H. miller 210, Fludwick ave. B	ntto, md. DATE NOV 2 9 '61 andly g. King

and the state of t Section of the sectio

12318 **CERTIFICATE OF DEATH** Reg. Dist. No." eral director, be filed with Page PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY a. STATE b. COUNTY MARYLAND ofter death. funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town should lawn d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS OR INSTITUTION 6801 Windsor touse NAME OF Middle 4. DATE filled DECEASED (Type or print) DEATH rance within SEX 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED LANEVER MARRIED 8. DATE OF BIRTH completely Months DIVORCED T WIDOWED [. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME mor 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. INFORMANT r. 6801 WindsorM no death 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) **DUE TO** ARCINOMAT Conditions, if ony, which gove rise to immediate DUE TO cause (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year foctory, street, office bldg., etc.) Hour o. m. While Nat while at wark of work p. m. 196/ that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 12:457.M, from the causes and an the date stated above. alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type TO FUNE 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) poge REMOVAL (Specify) he ouria ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

(Stote)

(County)

Cyrium S. Thous

Day

ON A FARM?

YES NO

Yeor

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EUC SER PIT 3. .

STREET, BALTIMORE 1, MARYLAND OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission) a. COUNTY b. COUNTY by the land 2 sideath. MARYLAND b. CITY OR TOWN (if outside corporate limits, C. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b write RURAL end give neerest town) ≘. d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital) give street address) ON A FARM? YES - NO NAME OF DATE OF DE DECEASED (Typa or print) 19 COLOR OR RACE 7. MARRIED 5. SEX yaers | IF UNDER 1 YEAR IF UNDER 24 HRS. AGE (I NEYER MARRIED Jey) Months Hours WIDOWED T 10e. USUAL OCCUPATION (Give kind of work 1Qb. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (C country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) physicia CWMSK 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please and in a aftending | Christopher Johnson Margaret Bennet 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (Ifyesgivewerordetesofservice) remova g physician. signed by th 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH APOPTEXY PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) (B) Arterio scierotic Cardiovas cular Disease (a), steting the underlying certificate ha WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT CERTIFICATION PERFORMED? NO -20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) à After this ce OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detached (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, streat, offica bldg., etc.) While Not Whila DIRECTOR: 4
3 should be deta at work at work 1961, to NOV 13 1961, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from NOV saw the deceased alive on NOV 1219.6.1... and that death occured at I.A...M, from the causes and on the date stated above SIGNED DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) death. 23d. LOCATION (City, lown or county) (Stete) 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, Specify) 23b. DATE THEREOF REMOVAL dir. DIRECTION'S SIGNATURE 24 FUNERAL VR A15 (4) arthur S. Thous 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12320 CERTIFICATE OF DEATH 12306

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore MARYLAND	Baltimore
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	2012 02 110 0
write RURAL end give nearest town) TOWS on	Movician
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	ON A FARM?
702 E. Seminary Ave.	1702 E. Seminary Ave. YES NO X
DECEASED	Lesi 4. DATE Month Dey Yeer OF
(Type or print) ELIZABETH M. KAUFMAN	DEATH NOV. 3, 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 1877 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
W WIDOWED X DIVORCED	Nov. 7, 1070 83 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
housewife	m_{d} USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest Steinwedel	Margatet Fink
	INFORMANT Address
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)	rma K. Mund 702 E. Seminary Ave.
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	I INTERVAL BETWEEN
	A CALCET AND DEATH
IMMEDIATE CAUSE (e) Levelral	hemorrhage
(422.) DUE TO	0 - 0 1111 15
	claratic Cardio Varular Dislane
geve rise to immediate cause (a), stating the underlying DUE TO	
ceusa lest.	
17	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHEY MEDICAL EXAMINER)	PERFORMED?
E 200. ACCIDENT WAS UNDERLYING □ 206. DESCRIBE HOW INJURY OCCUR	ED, (Enter nature of injury in Pert I or Part II of item 1B.)
OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	ACT OF INITIAL III.
	LACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (Stata) intory, street, office bldg., etc.)
21. I certify that (I) (this hospital), attended the deceased from	cctobec , 1958 to Nov 320, 1961, that (1) (-) las
saw the deceased alive on	at death occured a M. M. from the causes and on the date stated above
22a. SIGNATURE	22b. DATE
M.X. Quenn	M.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type) M. KEVIN QUINN	MD 1927 YORK KO, TIMONIUM Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 11/6/61 Loudon Pa	Balto. Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	DATE NOV. 201
Howard H. Hubbard 4107 Wilkens Ar	10. IDATE NOV A 161 Outly & Thouse

filled in by the funeral Pages 1 and 2 should ithin 24 hours after TO HOSPIFAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour death.

TO FUNE AL DIRECTOR: After this certificate has been signed by the attending physician and complete; filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after degets. VR A15 (4) 15M 9/60

Section Los

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702 B. Seminary Ive.

TOP E. Sem nerry ave.

KAWUMA .M HTBEASILK

Nov. T. Axx.

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Trness Steinwedel

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none Iras II. Nund 700 E. Seminary Ave.

Certifical hanverlage

ANTONIO SCIENCE CONLO VANDOL DIFFER

infal as cotehan 3 38 New 34 M

M. Y. Quenn M KEVIN QUINN IN 1927 YORK P. TEMBURY MI

Burial 11/6/61 Loudon Park Cen. Belook K.

howard H. Hubbard 4107 Wilkens Ave.

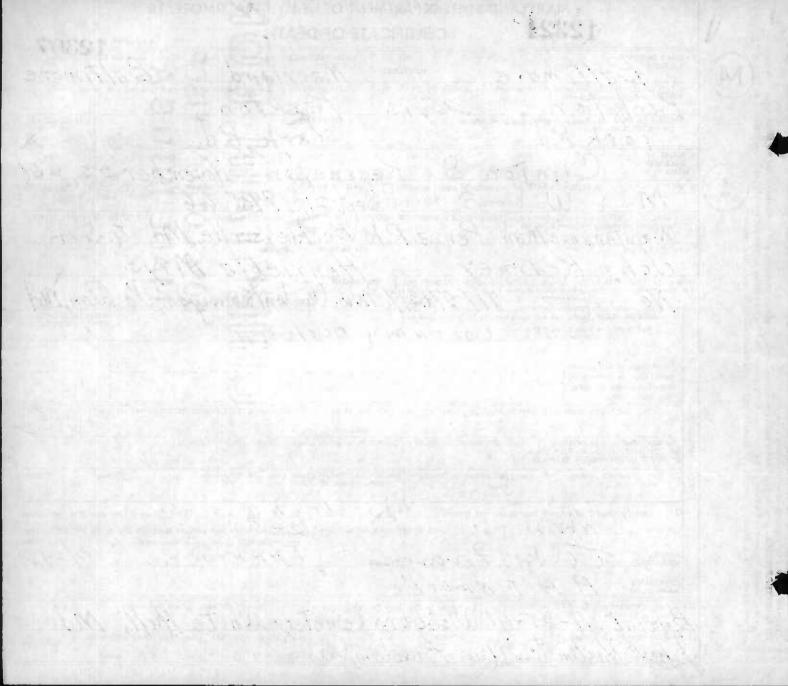
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DOES!

. VON

11/2/21

1 17		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
35	1	12321 CERTIFICATE OF DEATH Reg. Dist. No. 202
M director,	1	DEACT OF DEATH O. COUNTY D. COU
the funeral shauld be fi	-	b. CITY OR TOWN (If outside carporate limits, write C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) 8. NAME OF HOSPITAL [If not in haspital, give street address) 9. STREET ADDRESS 1. STREET ADDRESS 2. STREET ADDRESS 3. STREET ADDRESS 3. STREET ADDRESS 4. STREET ADDRESS 5. STREET ADDRESS 5. STREET ADDRESS 6. STREET ADDRESS 1. STREET ADDRESS 2. STREET ADDRESS 3. STREET ADDRESS 4. STREET ADDRESS 5. STREET ADDRESS 6. STREET ADDRESS 1. STREET ADDRESS 1. STREET ADDRESS 1. STREET ADDRESS 1. STREET ADDRESS 2. STREET ADDRESS 3. STREET ADDRESS 4. STREET ADDRESS 5. STREET ADDRESS 5. STREET ADDRESS 6. STREET ADRESS 6. STREET ADDRESS 6. STREET ADDRESS 6. STREET ADDRESS 6.
nd 2		or instruction Rd. York Rd. On A FARM? YES NO.
Pages 1	3	OF DEATH OUR DET 2 2 19 6 (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF NODER 24 HRS. 199 birthday) Months Days Hours Min.
9 2 5 0		DIVORCED DIVORCED DE 18 18 18 18 18 18 18 18 18 18 18 18 18
physician emave carl haurs affe	15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT OF TANK OF Address Park In May S. (If yes, give wor or dates of service) 7/7-074347-Myn. Out Tank Of Address Park In May
igned by the attendir		1B. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause (b), stoting the under-lying cause last. (c)
ing physician. Te has been si burial-transit remaval, and	CEDTIEICATION	, (c)
al ar attend his certifica r use as the ematian, ar	MEDICALCE	
by the haspit TOR: After detached fa ta burial, cr		21. I certify that I attended the deceased from 196, to NOV. 22, 196, that I last saw the deceased alive an NOV. 22, 196, and that death accurred at 21,45M, from the causes and an the date stated above. ACTUAL ACTUAL ACTUAL
be med le		SIGNATURE (A. PM. T. TOMER M.D. TTR KTON ME. 1296) PHYSICIAN'S MAME (Type) FT. 14, F- 18 17 N C E
may be to FUNERA page 3 she the registre	2	22. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, op county) (Stoty) DEMOVAL (Specify) 25-6/USEQUYO EMETERY OR CREMATORY 22d. LOCATION (City, town, op county) (Stoty) ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
S ATS (4) SM 9/S8	1	Speal Horlenslein, Hew Freedom, Ja, DAIDV 27'61 aremy S. Kraus



VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12322 CERTIFICATE OF DEATH

12308

1. PLACE OF DEATH	1						eased lived, If	Institution: Resid	ience before e	dmission)
e. COUNTY B	altimore		MARYLAND	e. STATE	laryba	nd	b. COUN	Balti	more	
b. CITY OR TOWN (write RURAL end Timoniu	if outside corporate limits I give neerest town) M	,	c. LENGTH OF STAY IN 1b	c. CITY OR		outside corpo	rete limits, write	RURAL end gi	ve neerest tow	n)
d. NAME OF HOSPI	TAL OR INSTITUTION (IF	nol in hosp	pilal, give street eddress)	d. STREET	ADDRESS					ESIDENCE
2070 York	Road			2070	York	Road				NO 🔀
3. NAME OF DECEASED	First		Middle	Lest	1	4. DATE	Month	D	ey Yeer	
(Type or print)	THOMAS	EDW	ARD KELLY		8.64	DEATH	Novem	ber 22,	19	61
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTS	1	9.	AGE (In yeers last birthdey)	IF UNDER 1 YEA		
Male	White	WIDOWED	DIVORCED	February	8, 1	891	70 yrs.	Months Dey	s Hours	Min.
Railroad Te	ION (Give kind of work orking life, even if retired legrapher—R	1)	P.R.R.	Maryla	and		preign country)	12. CITIZEN	OF WHAT O	OUNTRY
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
	n Kelly			Me	ry He	ssian				
	ER IN U.S. ARMED FORG		SOCIAL SECURITY NO. 17.	INFORMANT			Address			
	None		None	Miss Nors	Kell	y. Tim	onium,	Md.		
18. CAUSE OF E	EATH Enter only one	ceuse per li	ne for (e), (b), and (c).]						ONSET AND	
PART I. DEAT	H WAS CAUSED BY:	ARTE	RIOSCHEROTIC	CEREAGN	VASCU	LAG T	DICEAC	E	ONSEL AND	05
324	X DUE TO	ALL	III) Justila II		11.50-		1-6110			
Conditions, it only										
geve rise to immed	iete ceuse									
(e), steting the u	nderlying DUE TO									
ceuse lest.) (c)_									
PART II. OTHER	R SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO T	HE TERMINA	AL DISEASE C	ONDITION GIV	EN IN PART 1(e	PERFC	NO 1
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	ED. (Enter neture of	injury in Pe	rt I or Pert II o	of item 18.)			
20c. TIME OF INJU-	JRY Month, Dey, Yee	While		ACE OF INJURY (Fectory, street, office		20f. (City	or town)	(County)		(State)
21. I certify t	hat (I) (this hospit		ded the deceased from							
	sed alive on?	PT 3	19.6.1, and the	at death occur	ed a 3.13.	.M, from	the causes	and on the		
220. SIGNATURE	umuth	ush	my	M.D. ATTENDIN		ED.	STAFF PHYS.		11-2	SIGNED
22c. PHYSICIAN'S NAME (Type	William A.	Pill	sbury, M.D.	22d. ADD 2060		Rd., I	'imoniur	n, Mary	land	
23a. BURIAL, CREMAT REMOVAL (Specify) Buriel	Nov. 25.	- 1-	St. Joseph's				TION (City, 10)	o.Co.,		tete)
24 FUNERAL DIRECTO	R'S SIGNATURE		ADDRESS			BY REGISTE	RAR 256, REG	GISTRAR'S SIG	NATURE	
John Burn	s' Sons, To	wson,	Maryland		DATE NO	OV 2 7 '6	1 (Irilan 8. 1	Trava	

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John Burnet Sons, Towson, 1927 1974

17-1-63

William L. Millebury, M.B. 2360 York Rd., Machine, Martiland

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Seeath, the 4 may be retained by the hospital or attending physician.

TO FUNDARAL DIRECTOR: After this certificate has been signed by the attending physician and complete filled in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should to the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12323

CERTIFICATE OF DEATH

	PLACE OF DEATH	ltimore		MARYL	AND	2. USUAL a. STATE		ICE (Where	dacaasad tivad, If b. COUI	UTV	ltimo		mission)
y	b. CITY OR TOWN (if write RURAL and Towson	outsida corporate limi giva nearast town)	its,	c. LENGTH OF STAY				1	orporata limits, writ	a RURAL and s	give neares	t town)	
	d. NAME OF HOSPIT		if not in hos	pital, giva streat addres	ss)		ADDRESS	herly	Road			IS RESI	
3.	NAME OF	First		Middla		Last		4. DAT		h	Day	Yaar	
	DECEASED (Typa or print)	FRED	ALC	YSIS KENN	EDY			OF DEA	TH NOV	ember 2	1,	19 6	1
5.	Male	6. COLOR OR RACE	7. MARRIE	DIVORCED		bruary		1880	9. AGE (In years last birthday)		ear IF U		4 HRS. Min.
10a		ON (Giva kind of world		ND OF BUSINESS OR					or foreign country	12. CITIZI	EN OF WH	AT CO	UNTRY
S	ne during most of wor alesman — r	king life, even if retira	id)	rdware		Penn	sylva	ania			SA		
13.	FATHER'S NAME	INVICUOUS	. 7			14. MOTHER							
		INKNOWI	,				UNK	NOU	IN				
		R IN U.S. ARMED FOR yas giva war or dates of s		SOCIAL SECURITY NO	17. 11	VFORMANT			Addres	S	Deg.		
	Bo	None		26-05-6042		Mrs.	Fre	d A. H	ennedy,	Towson,			
			Causa par I	ne for (e), (b), and (c)	.1		,				ONSET A		
		I WAS CAUSED BY: MMEDIATE CAUSE (a)	Why	3 cardia	2 W	Jact	421				1+	de	WC.
	Conditions, if any gava risa to immedia	ata cause	Hylu	utering	itle	ib ele	wei	A			21	ye	en
	causa last.) (c)											
CERTIFICATION	PART N. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERM	INAL DISEA	SE CONDITION GI	VEN IN PART 1		ERFOR/	
CERTIFIC		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY O	CCURED.	(Enter natura o	of injury in	Part I or Pa	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	RY Month, Day, Ye	ar 2Dd. Whila	Not While		CE OF INJURY bry, straat, office			City or town)	(County	r)	(5	tata)
5	21. I certify th	at (I) (this hospi	attend	ded the deceased	from	194	Ò,	19,	to Nov	L.L., 19.6	that ((I) (w	(a) las
	saw the decease	ed alive on2	ono	V. 19.61, an	d that	death occu	red at.7.		om the causes	and on the	e date s	tated	above
	22c. PHYSICIAN'S NAME (Type)	1. Hamb	wege	ufr.	M.I	22d. ADI	DRESS	MED. DIRECTOR	STAFF PHYS.	√	Loy.	22b.	DATE
23a	BURIAL, CREMATIO	DN, 23b. DATE THE		23c. NAME OF CEA			Υ		DCATION (City, to		20 6	(Stat	a)
- 3	Burial (Specify)	Nov. 24,	1961	Dulaney Va	illey	Memori	1		1	Balto.	-	Ma.	
	ohn Burns	Sons, Tow	son, l	Maryland			25a, RE	NOV 2 7	GISTRAR 256. RE	GISTRAR'S SIC			

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Barish lov. 21,1961 Unlacer Lalley Lampiel Marcon. Pares, Dalto. Co., Ld.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 40002

1202	*					12240
1. PLACE OF DEATH			2. USUAL RES	SIDENCE (Where dece	ased lived, If institution: R	esidence before-edmission)
Balti	maha		a. STATE	M /	J b. COUNTY D	1.1:
		MARYLAND		marycano	l Da	cumore
 b. CITY OR TOWN (if outside co write RURAL and give neare 		c. LENGTH OF STAY IN 1	c. CITY OR T	OWN (If ourside corpora	ta limits, write RURAL and	d giva nearest town)
Tows			X	Towson		
d. NAME OF HOSPITAL OR INS		ital, give street address)	d. STREET AD			a. IS RESIDENCE
221 0	Λ.		1/ 22		A .	ON A FARM?
321 Dixie	Drive		321	Ulixie	Drive	YES NO
3. NAME OF DECEASED AA	First .	Middle	Last	4. DATE	Month	Day Year
(Type or print) // rs.	Mildred	oburn Ki	nosburu.	DEATH	November	16 19 67
5. SEX 6. COLO	R OR RACE 7. MARRIED	□ NEVER MARRIED □	8. DATE OF BIRTH	19. /	AGE (In years IF UNDER 1	
1 1 1 .	7. MARRIED		10		and the first to the same	Days Hours Min.
temale whi	te WIDOWED	XX DIVORCED	Mar. 11,	1871 9	yrs.	
done during most of working life, e	and of work 10b. KIN	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	E (County & State, or for	eign 'ry) 12. CITI	ZEN OF WHAT COUNTRY?
11 10 1	ven it retired)		Panne	Luania		11 ()
13. FATHER'S NAME			14. MOTHER'S	AIDEN NAME		U.J. VIO
2		1	2	MINER INSME		
	(0	burn	1			
15. WAS DECEASED EVER IN U.S. (Yes, no, or unknown) (Ifyesgive wa	ARMED FORCES? 16. S	OCIAL SECURITY NO. 17	. INFORMANT		Address	
(11 yes give wa	or deles or set Aice)		Mr Cahna	w Kinach.		4
18. CAUSE OF DEATH [Ent	er only one cause per lis		Iv. Cobac	ın Kingsbu	ry	Same I INTERVAL BETWEEN
PART I, DEATH WAS CA	IISED BY.		1			ONSET AND DEATH
MMEDIATE	CAUSE (a)	OCARDIAL	NEARCH	on.		36 Hours
4200	DUE TO	2				
Conditions, if any, which		ZONARY C	CCLUSION	1		36 HURS
gave rise to immediate cause		colopie,	CCCOSTON			No.1-J
(a), stating the underlying	DUE TO		, 11	1/2	\mathcal{D}	3 YORK
cause last.	(c) MATE	ry osclenotic '	- ITTPORTE	nsive Idem	TUISORSE	7 10100
Z PART II. OTHER SIGNIFICA	NT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
DE L						PERFORMED?
S ACCIDENT WAS UNDER	VINIC TI L 201 DESC	RIBE HOW INJURY OCCU	DED (Enter nature of in	viury in Part I or Part II of	itam 18 \	113 No
PART II. OTHER SIGNIFICA 2Da. ACCIDENT WAS UNDERL OR CONTRIBUTING CAUSE USE EITHER, NOTIFY MEDICAL	OF DEATH	KIBE HOW INJURY OCCU	KED, (Enter natura of in	july in rall I of rall II of	nem 10.)	
	EXAMINER)					
3 20c. TIME OF INJURY Mon	th, Day, Yaar 2Dd. It		LACE OF INJURY (Ho		r town) (Cour	nty) (State)
20c. TIME OF INJURY Mon	While at work	1101 111110	factory, street, office bl	dg., etc.)		
			0/20	- ai	11/10	7
21. I certify that (I) (t	his hospital), attend	ed the deceased fro	m8.1.2.3	19.27, to	1.ff1.6, 196	al., that (I) (we) las
saw the deceased alive	on 11 /16	19.61, and th	nat death occured	at	he causes and on t	he date stated above
22a. SIGNATURE	NO			/		22b. DATE
12 m 20 d	I Jan	2000	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	SIGNED
22c. PHYSICIAN'S	Naom	your	M.D. PHYS. [Ц	11/146
NAME (Type)	112/15	MERVILLE		- 4	7	C Ma
700	Wen to Man	or lesconde	125 V	N.PA. AVE.	(OW) ON	7
23a, BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATI	, · ///	y) (State)
REMOVAL (Specife)	1/20/61	Loudon Pa	rk (emete	ery Bal	timore, Me	arylana
24 FUNERAL DIRECTOR'S SIGNAT	LIRE	ADDRESS	12	Sa. RECIP AY REGISTRA	AR 256. REGISTRAR'S	SIGNATURE
	1	11 1 1 1 1	ad	MON ZI OI	Circles S.	Thous
leanard to	uck 5305	Hartord No	D	ATE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death.

S death.

Yeth may be retained by the hospital or attending physician.

Yeth may be retained by the hospital or attending physician.

Yeth may be retained by the hospital or attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, where 22 hours after death

The wife the man 0 = 3 } The state of the sense of the sense of the state of the sense of the s Trong II, soft govern THE THE PROPERTY OF THE PROPER CHARLEST THE STATE OF THE STATE ES MENTAGE TRANSPORTER Thursday a company working the continue of the continue of the property of the continue of the co Leonard J. Was 1363 Has one road

funeral rithin 24 hours after Pages 1 and 2 s death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after. The law requires that the death certificate be execute PHYSICIAN: ATTENDING TO HC. VR A15 (4) 1SM 7/61

. PLACE OF DEATH	125		3-12-11-14	TE OF DEAT			lu atitutia -	Route		a desta d
a. COUNTY	P-712			a. STATE	21 2	b. COUN	NTY .	m -		
b. CITY OR TOWN (if	Baltime		MARYLAND LENGTH OF STAY IN 18	c. CITY OR TOWN	Maryla				imore	
write RURAL and	give nearest town)	13,		V		oorale limits, with	e KOKAL er	ia give	nearest tov	vn)
d. NAME OF HOSPITA	cosedale	if not in bosoital	25 yrs	d, STREET ADDRESS					a. IS R	ECIDEN
0010				1					ON	A FAR
8067	Philadel	phia Ros	Middle	8067 Ph	iladelr				YES	
DECEASED (Type or print)	11/31			Lasi	4. DATE	Montl	h	Day	Yaa	r
	Johann		M	Kistner	DEATH			13		
73	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9	. AGE (In years last birthday)	Months	Days	Hours	R 24 HR
Female	White	MIDOMED		4-6-1904		57 yrs.				
On. USUAL OCCUPATION	ON (Give kind of work sing life, even if retire	d) 10b. KIND (OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Cou	unty & Stete, or	foreign country)	12. CI	TIZEN O	F WHAT	COUNT
Hous	sewife			Balti	more	Md.	A	8 A		
3. FATHER'S NAME			E-DAY HAT	14. MOTHER'S MAIDER	NAME					
Char	cles Tumble	eson		M	lary E E	Bohlen				
11201	AMEDIATE CAUSE (a)_	Mark	Coronau) eclusion	an A	4			ISET AND	
Conditions, if any, gava rise to immedie (a), stating the uncause last.	DUE TO which the cause derlying DUE TO (c) SIGNIFICANT CONDIT S UNDERLYING CAUSE OF DEATH	TIONS CONTRIB	Almsine C	O CCLUSION OF THE TERM ED. (Enter nature of injury in	OU VI		/EN IN PAR		9. WAS /	
Conditions, if any, gava rise to immedie (a), stating the uncause last. PART II. OTHER 20e. ACCIDENT WA OP. CONTRIBUTING I (IF EITHER, NOTIFY) 20c. TIME OF INJUR Hour a.m. p.m.	DUE TO which to couse derlying DUE TO COLUMN SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Dey, Yea 19	TIONS CONTRIBI 20b. DESCRIBI ar 20d. INJUI While al work ai) attended	TING TO DEATH BUT IN THE HOW INJURY OCCUR RY OCCURRED 200. P Not While at work the deceased from	NOT RELATED TO THE TERM ED. (Enter nature of injury in LACE OF INJURY (Home, feel actory, street, office bldg., et	OU PORT I OF PORT I	y or town)	(Cou	T 1(e) 3	9. WAS // PERFO	AUTOP DRMED NO (Stete)
Conditions, if any, gava rise to immedie (a), stating the uncause last. PART II. OTHER 20e. ACCIDENT WA OR CONTRIBUTING [IF EITHER, NOTIFY] 20c. TIME OF INJUR Hour a.m. p.m.	DUE TO which to couse derlying DUE TO COLUMN SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Dey, Yea 19	TIONS CONTRIBI 20b. DESCRIBI ar 20d. INJUI While al work ai) attended	TING TO DEATH BUT IN THE HOW INJURY OCCUR RY OCCURRED 200. P Not While at work the deceased from	NOT RELATED TO THE TERM ED. (Enter nature of injury in LACE OF INJURY (Home, fe- laciory, street, office bidg., et	OU PORT I OF PORT I	y or town)	(Cou	T 1(e) 3	9. WAS / PERFO	AUTOPORMED NO

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a TV To no a Tinbono comments to trade wenter luca . BOKY Pril ain point ided GM CONTRACT CONTRACT TO THE STATE OF THE STA Land was all the to many the war with the war and the TO DE TAMBICAL EXAMINER: This certificate should be executed within 24 hours after death. If a day is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Inneral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Heath, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death VS. A15ME 5M 7/59

1	Division of STATISTICAL RESEARCH AND RECORDS,	EPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12312
1	1. PLACE OF DEATH 2. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Baltimore
/	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Sparrows Point	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Baltimore 6, Maryland
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) Sparrows Point	d. STREET ADDRESS 8117 Pulaski Highway o. IS RESIDENCE on A FARM? YES \(\text{NO } \text{NO } \text{P} \)
1	3. NAME OF First Middle DECEASED (Type or print) Bruce W. Knauff	Last 4. DATE Month Day Year OF DEATH 11/24/61 19
	Male White WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, evan if retired) Carpenter 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) Pennsylvania USA 14. MOTHER'S MAIDEN NAME
	Unknown Knauff 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no or unkown) (Ifyasgive-war-ordates-of-service) 19-01-0985 No.	Unknown Unknown
	18. CAUSE OF DEATH [Enter only one cause por line for (a), (b), and (c).]	Ocelina Interval Between Onset and Death
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying causa last. (b) DUE TO (c)	
9	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS 20b. DESCRIBE HOW INJURY OCCURED. (ED. CAUSE OF DEATH).	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		inter natura of injury in Part I or Part II of itam 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a, PLA Hour a.m. While Not Whila factor at work at work 19 at work	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) ory, streat, office bldg., atc.)
	21. I certify that I took charge of the remains described above, he death resulted from: Natural causes Accident . Suici	Id an Autopsy
2	EXAMINER'S JACK C Collins	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	
0	Burial 11-28-1961 Zion Evan. In 23 EUNERAL DIRECTOR ADDRESS ADDRESS 7401 Belnis	Co. Md. Parto, Co. Md. Palto, Co. Md

der a \$1881 A STANDARD OF BUILDING STANDARD STANDAR responsible cover 2 of the cover 1 money White Abath Title Title Come

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS.— BALTIMORE 1. MARYLAND 12327 CERTIFICATE OF DEATH director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE ALTIMORE b. COUNTY MARYLAND funeral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) **RURAL** and give nearest lawn) LUTHERVILLE. shauld LUTHERVILLE d. NAME OF HOSPITAL (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE **OR_INSTITUTION** ON A FARM? 300 W. SEMINARY YES NO L'OLLEGE MANOR HOME. NAME OF Middle Last Manth Year Day filled DECEASED OF KNIGHT Pages death (Type or print) DEATH 1961 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) after Manths Days Haurs DIVORCED Y camplet WIDOWED | 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) NURSE HOSP. and pou 2 FATHER'S NAME 14. MOTHER'S MAIDEN NAME COL physician within remove IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO Address KNIGHT 716 CLOUDY FOLD DRIVE. attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH ٦ PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO p Conditions, if any, which permit. gned gave rise to immediate DUE TO cause (a), stating the underburial-transit lying cause last. PART 11, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY crematian, PERFORMED? pas YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, | 20f. (City ar tawn) Manth, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur a.m. While Nat while at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at saw the deceased alive an M, fram the causes and an the date stated above. DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING of o PHYS. M.D. DIRECTOR | PHYS. Board 22d. ADDRESS PHYSICIAN'S shauld FUNERA page 3 sh the State 3 23c. NAME OF CEMETERY OR CREMATORY CREMATION, 23b 23d. LOCATION (City, tawn, ar county) (State) OUDON 0 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 1SM 9/S9

12327 BARTONITORES

LUTHERVILLE ZWKS, FUTHERVILLE

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I D FUNCERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon process. Pages 1 and 2 should be better the prior to burial, cremation, or removal, and in any event, within 72 hours after death. within 24 hours after OR ATTENDING PHYSICIAN; The law requires that the death certificate be execut

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1231 12314 12328

1.	PLACE OF DEATH					2. USUAL RESIDE	NCE (Whare	deceased lived, If		sidanca before admission)
	Baltimore			MARYL	AND	Pennsylva	nia			
	b. CITY OR TOWN (i write RURAL and	f outsida corporate limi give neerest town)	ts,	c. LENGTH OF STAY	IN 1b			rporete limits, write	RURAL end	give neerest town)
	Fort Howar			175 Days		New Oxfor	d			
		TAL OR INSTITUTION (s)	d. STREET ADDRES	SS	75	X.	o. IS RESIDENCE ON A FARM?
	veterans A	Administrat	ion H						• /	YES NO X
3.	NAME OF DECEASED	First		Middle		Last	4. DATE	Month	1	Dey Year
	(Type or print)	WILL		L.		OHLER	DEAT	H Novemb	er	14 1961
5.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years		
	Male	White	WIDOWE			pril 30, 1	897	last birthdey) 64 yrs.	Months Da	ays Hours Min.
10a	ne during most of wo	ION (Give kind of work rking life, even if retire	10b. KI	ND OF BUSINESS OR I				or foraign country)	12. CITIZ	EN OF WHAT COUNTRY!
	Clerk	ining they even if felile		r Condition	ning	New Oxfor	d. Peni	าสบางคทา	TT.	S. A
13.	FATHER'S NAME		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 00114110101		4. MOTHER'S MAIDE		TO TY CHILD		D. A.
	William	n H. Kohler				Ella Lockh	art			
	WAS DECEASED EVI	ER IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO				Address	10	, Maryland
(15	Yes	fyes give wer or dates of s		161-20-0662	FOR	THOWARD D	TVTSTO	n Bartin	ore to	, Maryland
		EATH [Entar only one				T TOWNED D	T 1 TOTO!	V		INTERVAL BETWEEN
		H WAS CAUSED BY:	COR	ONARY OCCIA	JSION					RECENT .
	420	DUE TO								
	Conditions, if any		ART	ERIOSCLEROT	PIC H	EART DISEA	SE			UNKNOWN
	gave rise to immedi	ate ceuse								
	(a), stating the use	nderlying								
7		SIGNIFICANT CONDI	TIONS CON	ITRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	FN IN PART 1	(e) 19. WAS AUTOPSY
CATIO	Gangrene Operation	. left leg	due to	o arterial	embo.	lus				PERFORMED?
CERTIFICATION	20a. ACCIDENT W.	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	Stump le	CCURED. (Enter neture of injury	in Part I or Part	II of item 18.	OTTD - IV	-4/01
	20c. TIME OF INJU		ar 20d.	NJURY OCCURRED 2	On PLAC	OF INJURY (Home, fa	arm. 1 20f. (C	ity or town)	(Count	y) (State)
MEDICAL	Hour a.m.		While at work	Not While		y, street, office bldg.,				
*	p.m.	19			. 1/	022	10 62	Mossowha	2 2 2 2 6	3
		hat (XX (this hospit	tal) attend	ded the deceased	from. A'A	ay 25 11	15 15		11490	1, that (N (we) last
		ed alive on NOV	• 44	199, an	d that d	leath occured at.	AM, fro	om the causes	and on th	e date stated above.
	22a. SIGNATURE	9/ 5	1	- 0		ATTENDING_	MED.	STAFF		22b. DATE SIGNED
	1	Comes	V re	hou	M.D		DIRECTOR	PHYS. 3		11/14/6
	22c. PHYSICIAN'S NAME (Type)		16			22d. ADDRESS				
			N, M.	D		VAH. BAI	1.81.OT	D.,FT.HO	WARD D	IVISION
23		ON, 23b. DATE THE	REOF	23c. NAME OF CEN	AETERY O	CREMATORY	23d. LO	CATION (City, to	wn or county)	(State)
	REMOVAL (Specify)	al 11/16/	1961	New Oxfor	d Cen	etery	Ne	w Oxford	Penns	ylvania
24	FUNERAL DIRECTOR	7		ADDRESS				ISTRAR 25b. RE		
F.	red F Fei	egy / Tre	ise	New Oxford	a D-	DATE	NOV 1 7 '	61	1 1 8 1	4
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CERTIFICATE OF DEATH

		61161								Keg.	Dist. No		14 13
1.	PLACE OF DEATH o. COUNTY	more		MAR	YLAND	2. USUAL RESI	DENCE (Wh	ere deceased	d lived. If instituti b. COUNTY	700	idence befo		isian)
3	b. CITY OR TOWN (If a RURAL and give near	outside carporate limi	Is, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If a	utside carpo	rate limits, write R	URAL o	nd give ne	arest taw	n)
	711	more		65		X		imore					
	d. NAME OF HOSPITAL	(If not in haspital, g	ive street			d. STREET A						e. IS RE	SIDENCE
		Duluth A	ve.				6812	Dulu	th Ave				NO V
3.	NAME OF DECEASED (Type or print) T. O.	Fir	,	Middle	\	Kulacki		4. DATE OF DEATH	Mor	nth	Do 3	ру	Year
5.	100	LLS COLOR OR RACE		middle		B. DATE OF BIRT			9. ACE (1-	LIE LINI	DER I YEAR	~	1961
	Male	White	WIDOWE	DIVORCE	D	6/ /1	878	1	9. AGE (In years lost birthdoy) yrs.	Mant		Hours	7
10	a. USUAL OCCUPATION during most of working	(Give kind of work of life, even if retired)	dane 10b.	KIND OF BUSINESS C	OR INDU	STRY 11. BIRTHP	ACE (State	ar fareign co	ountry)	12.	CITIZEN C	OF WHA	COUNTRY
	Acent			Insuranc	e	Ŀ	olan	d			U	.S.	Α.
13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
_	Ign	atz Kula					Fo	rek					
15. (Ye	WAS DECEASED EVER II	N U. S. ARMED FOR res, give war or dates of so		SOCIAL SECURITY NO). 17. 1	NFORMANT			Add	ress			
	No		21	6-096983	10.00	asimir	Kula	cki	(S	ame	alo	ve ')
	18. CAUSE OF DEATH		use per lir	ne fat (a), (b), and (c).	1,		111	1			INT	ERVAL BI	ETWEEN
	PART I. DEATH	WAS CAUSED BY:	1	reno 50	1626	o-le	CiVi	NZ	2000		ON	SET AND	DEATH
	422.1	DUE TO										1	
	Canditions, if any,												
	gave rise to imm cause (a), stating the						quality.						
7	lying cause last.) (c											
CERTIFICATION	PART II. OTHER	SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN P	ART 1(a) 1	PERFC	AUTOPSY ORMED?
CERTIFI	20a. ACCIDENT WAS I OR CONTRIBUTING I (IF EITHER, NOTIFY ME	CALISE OF DEATH	20b. DESC	CRIBE HOW INJURY O	CCURRE	D. (Enter noture a	f injury in P	art I ar Part	II of item 18.)				
MEDICAL		Month, Day, Yea		JURY OCCURRED	20e. PL	ACE OF INJURY (lome, form,	20f. (City	ar tawn)		(County)		(Stote)
MED	Haur o.m.	19	While at work	Not white	fac	ctary, street, affice	bldg., etc.)						(/
	21. I certify that	Lattended the	decease	ed from		1055	to Le	W 30) 10.6/				
	alive an W	V 27	10	1	dooth	accurred at	69						
		01 1/00	7	, dia mai	dedin	accorred at.			the causes a		the da		ed above ATE SIGNE
	ACTUAL SIGNATURE	flew (!	Mac	leavole		м.в. 67	141	404	18/RL	(lal	/,	2-1-6
	PHYSICIAN'S ST	EPHEN	()	MACKO	wi	AF	I	Bal,	knine			ma	(,
220	BURIAL, CREMATION, REMOVAL (Specify)	22b. DATE THEREO	F	22c. NAME OF CEM					ION (City, town, o		y)	(Stat	e)
	nul lat	12/4/61		St. Stan	isl	aus		Fal	to., Md.				
23.	FUNERAL DIRECTOR'S	IGNATURE		ADDRESS			24a. REC'D	BY REGISTR	RAR 24b. REGIS	TRAR'S	SIGNATUR	RE	
1	10 PA 1 1 /a	11-11		///		1. 11.	DATE = 0						

may retained by the haspital or attending physician.

• ForexAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filted in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs ofter death. aurs after death. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO FCP VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND

12:3:30

CERTIFICATE OF DEATH

1. PLACE OF DEATH . COUNTY Bal	timore		MARYLAND	e. STANd.	CE (Whera deceased lived, b. CO	LINITY	ence before dimore	
write RURAL and	(if outside corporate limits, d give nearest town)		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	If outside corporete limits, w	rite RURAL and giv	re neerest tow	vn)
	VENSON TAL OR INSTITUTION (if I	not in hosp	itel, give street address)	d. STREET ADDRESS	15011			A FARM?
3. NAME OF DECEASED (Type or print)	First Huldah		Middle Williams	Lambert	4. DATE MOO .	nth De	19	61
5. SEX	6. COLOR OR RACE 7	. MARRIED		4-5-1908	9. AGE (In year lest birthden 52 yrs.	/// Boys	Hours	Min.
1De. USUAL OCCUPAT done during most of we None	TION (Give kind of work orking life, even if retired)		ND OF BUSINESS OR INDUSTR	Maryland	nty & State, or foreign count		SA	COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME			
	eley Willi				Justice Ste			
	VER IN U.S. ARMED FORCI Ifyesgivewarordatesofser			INFORMANT	Addr		N	4.3
no			Ba	rron Proct	or Lambert	Steven		
	DEATH [Enter only one country of the	ause per li	eassle	mellelu			ONSET AND	
Conditions, if any	DUE TO	el	mi Da	cuitil	A .	7	10-4	po-
gave rise to immed (a), steting the u cause last.	liate ceuse	Si	1 artere	0-00	uns		150	pa
PART II. OTHE	R SIGNIFICANT CONDITION	SINS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	NAL DISEASE CONDITION	GIVEN IN PART 1(e)	19. WAS A PERFO	AUTOPSY ORMED? NO
2Da. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DESC	CRIBE HOW INJURY OCCURE	D. (Enter natura of injury in	Pert I or Part II of item 1B.)			
Y 20c. TIME OF INJU Hour a.m. p.m.	URY Month, Dey, Yeer	While	Not While fac	ACE OF INJURY (Home, fer tory, streat, office bldg., et		(County)		(Stata)
	that (I) (this hospital	A A A	ded the deceased from.		19.38 to	es and on the	date state	ed above
22a. SJENATURE	~ Fe W	lle	ens .	ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	1 7	W 17	SIGNE
22c. PHYSICIAN'S NAME (Type	PALMER. 7	F.C	Williams	22d. ADDRESS	Owngo	mills.		nd
23e. BURIAL, CREMAT	TION, 23b. DATE THERE	OF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,		,	Stete)
REMOVAL (Specify Burial	11-13-6	51	St. Thomas'		Garrison		Mo	i
24 FUNERAL DIRECTO H.W.Jenki	r's signature .ns & Sons	Co.4	ADDRESS 1905 York Ro		C'D BY REGISTRAR 25b. OV 1 4 '61	REGISTRAR'S SIGI		

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FOR STATE

HEALTH DEPT please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for four PM3. Page 6 may be retained for four PM3. Page 9 should be used as a burial-transit permit. File pages Tand 2 with the State Board Tand 1 or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. AISME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH 1 Division of STATISTICAL RESEARCH AND RECORDS, MEDICAL EXAMINER'S 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH				2. USU	L RESIDEN	CE (Where deces	ed lived, If instit	ution: Residen	ce before education)	
	Baltimore Maryland					a. STATE b. COUNTY					
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)				1,16	c. CITY OR TOWN (If outside corporele limits, write RURAL end give neerest town)					
	Fort Howard 3 Days				31	22 Fost	ter Aven	Delt	1mono	o)ı	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)					EET ADDRESS	ACT WACH	TE DOLL	THOLE_	o. IS RESIDENCE ON A FARM?	
	Veterans	Administra	tion I	Hospital	31	22 Fost	ter Ave.	Balto	24. Md	YES NO	
3.	NAME OF DECEASED	First		Middle	L	ısl	4. DATE OF	Month	Dey	Yeer	
	(Type or print)	OTLIAW	N	J.	LAMBER	TRON	DEATH	Novembe	20	0 19 61	
5.	SEX	6. COLOR OR RACE 7	MARRIED		B. DATE OF			GE (In years IF L		IF UNDER 24 HRS.	
	Male		WIDOWED		March	28. 188		Mo yrs.	nths Days	Hours Min.	
	. USUAL OCCUPATI	ON (Give kind of work king life, even if retired)	1Db. KIND	OF BUSINESS OR IN	DUSTRY 11. BIRTI	PLACE (Sie)e	or foreign country)	12. CITIZEN C	F WHAT COUNTRY?	
1	Brakeman		Rai	lroad			r Co., N	familand		T C A	
13.	FATHER'S NAME				14. MOTH	ER'S MAIDEN	NAME	ior à rand		U. S. A.	
	James E.	Lambertson			Arri	ntha Fo	- Face				
	WAS DECEASED EVE	R IN U.S. ARMED FORCE		CIAL SECURITY NO.	17. INFORMAL	IT		Address	20.		
1,	Yes	WW T		-05-0766			s., VAH, E	saltimor	e 10, 1	Maryland	
		EATH (Enter only one ca			FORT HOW	AKD DIA	ISTON			TERVAL BETWEEN	
		MAS CAUSED BY:	TA DON	DV OGGTING	TON				101	ISET AND DEATH	
19	1 7	DUE TO	CONOIN	TUI OCCTOR	TOM						
	Conditions if eny										
	geve rise to immedia	ite cause			-						
	(e), steting the un	derlying DUE TO									
	cause last.) (c)									
No.	PART II. OTHER	SIGNIFICANT CONDITIO	ONS CONTR	BUTING TO DEATH E	IUT NOT RELATED T	O THE TERMIN	IAL DISEASE CON	IDITION GIVEN I	N PART 1(e)	19. WAS AUTOPSY *PEREORMED?	
3										YES NO 1	
CERTIFICATION	20a. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.	USE WAS NTRIBUTING [] 2Db	. DESCRIBE	HOW INJURA OCCU	RED. (Enter nature of	f injury In Pert	t I or Pert II of item	1B.)		/2	
3	20c. TIME OF INJUI	Y Month, Dey, Year			PLACE OF INJU			own)	(County)	(Stete)	
MEDICAL	Hour e.m.	19	While et work	Not While) fectory, street, of	fice bldg., etc.)				
	21. I certify the	at I took charge of	the remain	ns described abov	e, held an Aut	opsy K	Inspection	, Inquiry [, and	in my opinion	
	death resulted fr	om: Natural caus	ies V.	Accident,	Suicide,	Homicide	, Undete	ermined mann	er 🗍		
	1	ma			СН	IEF MEDICAL E	XAMINER [
	ACTUAL SIGNATURE	011215	un	~	M.D. AS	SISTANT MEDI	ICAL EXAMINER		/ 1	ATE SIGNED	
		1		- 11-00-1-00		UTY MEDICAL	EXAMINER X	. ,	1/2	7///	
	NAME (Type) M	ELVIN B. DAY	VIS, M	i.D.	Ad	dress (Street, c	ily, town, or coun	ty)	126	161	
226		N. 22b. DATE THEREOF	F ²²	rst Bap	ERY OR CREMATOR	Y	22d. LOCATION			(Stote)	
23	FUNERAL DIRECTOR		_	ADDRESS	Jomedex	1 24a. REC	D BY REGISTRAR				
		Watson, Po	comok		ryland	DATE NO	V 2 4 '61		1 S. Kraw		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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filled in by the funeral Pages 1 and 2 should tithin 24 hours after TO HOW TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how death.

death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages Land be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours/siterdant.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12349 12319

1.	PLACE OF DEATH				institution: Residence before admission)						
	Baltimore	MARYLAND	a. STATE Maryland Balto.								
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16			e RURAL end give neerest town)						
	Towson	7 vrs	Dalt	imore	2111-4						
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	Tuote	a. IS RESIDENCE						
					ON A FARM?						
	Stella Maris Hospice		3204								
3.	NAME OF First DECEASED	Middle	Lest	4. DATE Monti							
	(Type or print) Frances	Elizabeth	Langan	DEATH]	L 5 1961						
5.	SEX 6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In yeers	IF UNDER 1 YEAR IF UNDER 24 HRS.						
			72/7/7871	last birthday) 80 yrs.	Months Days Hours Min.						
	- WILLOG	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?						
	ne during most of working life, even if retired)										
-	Housewife		German		U. S. A.						
13	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1						
V	Frank Bookmann 54	LLMANN	Elizabe	th Altman	7Th MANN						
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address							
(1	es, no, or unkown) (lfyesgivewer or dates of service)	NY	Adr	mission Record	S						
-	18. CAUSE OF DEATH [Enter only one cause per l	None	,		I INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY:										
	IMMEDIATE CAUSE (0) College Var Culow College										
	DUE TO										
100	Conditions, if eny, which \ (b) Cheyron & Thrace Centa- Reg fore										
3	geve rise to immediate ceuse (e), stating the underlying DUETO										
	ceuse last. (c)										
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19, WAS AUTOPSY										
음					PERFORMED?						
\ <u>\</u>	and the second s	COURT HOW BUILDING COLUMN	/r	D- 11 - D- 18 - 6 11 - 10 1	YES NO						
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCURED	, (Enter nature of injury in	rarr i or rem ii or item ia.)							
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	(IF EITHER, NOTIFY MEDICAL EXAMINER)									
MEDICAL			CE OF INJURY (Home, fern ory, street, office bldg., atc		(County) (State)						
AED	Hour a.m. While et wor		ory, sireer, office bidg., are	•/							
1		ded the deserted from	Sent.	1060 to NOT.	10 67 about (1) (110) lost						
	21. I certify that (I) (this hospital) attended the deceased from Sept. 1960, to Nov. 19.61 that (I) (we) last										
	saw the deceased alive on. Nov. 5										
	22e. SIGNATURE	by O.	ATTENDING.	MED STAFF	22b. DATE SIGNED						
	Colery.	114km	.0.	DIRECTOR PHYS.							
	22c. PHYSICIAN'S		22d. ADDRESS								
	Dr. Robert M	ahon	602 🖫	. Joppa Rd.	Towson 4						
23	a. BURIAL, CREMATION, 1 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)						
	REMOVAL (Specify)	Holy Pa	deemer	BAITIN	nopo mi						
1	JUR144 11/10/41	11014 1 CC		C'D BY REGISTRAR 25b. RE	GISTRAR'S SIGNATURE						
24	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1 1 100	m 101	2 14						
1	1 111/2 5305	HARFURD	MAC DANOV	17 '61 aut	hur S. Thomas						

18/7/187/

1000 - 1000

602 E. dosen Rd. Town N L

observe no sua impa

Transport Designation of Property

Total Valent . William

AS THE RESIDENCE OF TWO PARTY OF STREET ASSETS AND A STREET ASSETS AND A STREET ASSETS AS A VENEZUE OF THE STREET ASSETS AS A VENEZUE OF THE STREET AS A STREET ASSETS AS A VENEZUE OF THE STREET AS A STREET AS A VENEZUE OF THE STREET AS A

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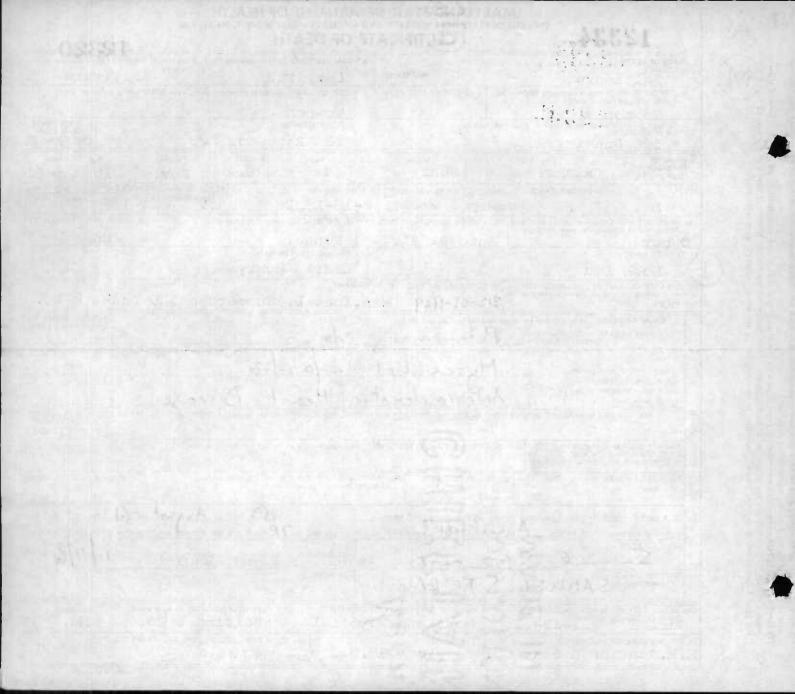
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEDTIEIC ATE OF DEATH

7 10 ()	UT		CERTIFIC	CAIL	OF DEATH			1	220	0
1, PLACE OF DEATH a. COUNTY					USUAL RESIDENCE (V	Vhere decease	d lived. If institution b. COUNTY	an: Residence	e befare ad	mission)
Balti	more		MARYLA	ND	Marylan	id	b. COUNTY	Balt	imor	е
RURAL and give n		its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF	autside corpo	orate limits, write R	URAL and gi	ve nearest t	fawn)
OR INSTITUTION	TAL (If nat in haspital, s		address)		d. STREET ADDRESS		7	- 1	0	RESIDENCE N A FARM?
526 D	unkirk Ro	ad			634 Reg	ester	Ave.		YES	S '.NO 2
3. NAME OF DECEASED (Type ar print)	Richard	rst	Henry		Lau	4. DATE OF DEATH	Man Nov		Day 10	Year 19 61
S. SEX	6. COLOR OR RACE	7. MARE	HED NEVER MARRIED	☐ B. D	ATE OF BIRTH		9. AGE (In years		_	INDER 24 HR
M	W	WIDOWI	DIVORCED [1 4	-10-1902		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Manths 1	Days Ha	iurs Min.
	ON (Give kind af wark rking life, even if retired		KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stat	te ar fareign c	cauntry)	12.CITIZ		AT COUNTR
Owner		A	uto Repair		Penna.				USA	
3. FATHER'S NAME				1	4. MOTHER'S MAIDEN					
Noah	Lau				Laura H	Henry	1995			
S. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT	110-0	Add	ress		
no	(if yes, give war or bales of	21	2-01-1109	Mrs	.Ione L.	Summe	rson 52	6 Dur	nkirk	Rd.
Canditians, if a gave rise to cause (a), stating lying cause last.	the under-) A	interiorelex	al ati	edoca Infara CHear	tion t I)i'sease	,		VAS AUTORS
PART II. OI	HER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH	H ROLL MC	I KELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	YEN IN PAKI	PE	RFORMED?
OR CONTRIBUTING	AS UNDERLYING GCAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (I	inter nature af injury i	n Part I ar Pa	rt II af item 1B.)			
20c. TIME OF INJU Haur a.m. p.m.	RY Manth, Day, Ye	While	NJURY OCCURRED Nat while k at wark		OF INJURY (Hame, far , street, affice bldg., e		y ar tawn)	(C	aunty)	(Stat
21. I certify the	1 / 1	AL.	ded the deceased fr			959, to_ L M, fram	the causes ar			(I) (we) la ated abav
22a. SIGNATURE		RE	-~-0	M.D	ATTENDING PHYS.	MED. DIRECTOR [STAFF PHYS.		11/11	SIGNI
22c. PHYSICIAN'S NAME (Type)	SAMUE	15	TERN	li li s	22d. ADDRESS					
23a. BURIAL, CREMATI-			23c. NAME OF CEMETE Moreland				TION (City, town,		Mo	(State)
24. FUNERAL DIRECTOR H. W. Jenki		co.	ADDRESS 4905 York	Rd,		C'D BY REGIS		STRAR'S SIG	NATURE	

Caller S. Hraus

VR A1S (4) 1SM 9/S9

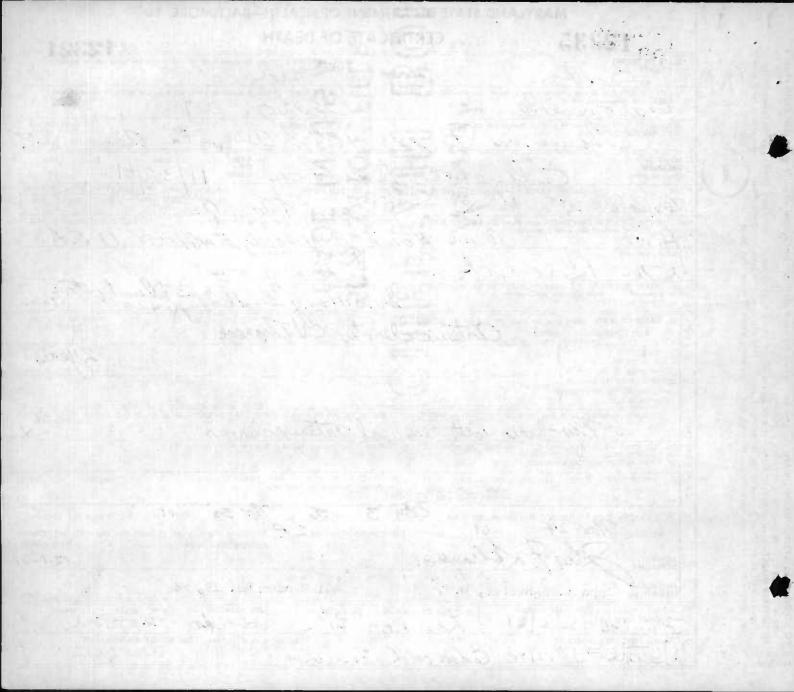


CERTIFICATE OF DEATH 12335Reg. Dist! Nd 1) 63 director, filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND funeral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 pe c. CJTX OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RINKAL and gire nearest town) ploods alonsur d. NAME OF HOSPITAL (If nat in haspital, give street address e. IS RESIDENCE ON A FARM OR INSTITUTION ause in YES T NAME OF 4. DATE Last filled and DECEASED (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH etel last birthdoy) Manths Doys WIDOWED DIVORCED [yrs. papers. camp 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give wor or dates of service) attending 18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO p Conditions, if any, which te has been signed burial-transit permi gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. physician PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO W attending 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) certificate MEDICAL 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Doy, Year (County) foctory, street, office bldg., etc.) USe Hour a.m. While Not while this of work ot work 1961, that I last saw the deceased 21. I certify that I attended the deceased fram. 1061 and that death accurred at 2 9 M, from the causes and an the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE 12-1-61 3 shauld PHYSICIAN ! 401 Random Rd. 29, Md John F. Schaefer, NAME (Type) TO FUNER 22a. BURIAL, CREMATION, 22b. DAJE THEREOF 22c. NAME OF CEMETERY OR CREMATOR LOCATION (City, town, or county) page -REMOVAL (Specify) the FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR VS A15 (4) 1SM 9/S8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

19

(Stote)



TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessory, please exe-	cute the "tificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral actor. Page 4 should be	at the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your	TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the registror prior to buriol, cremation.	moval.
TY W	T.	01	RAL D	.love
TO DEPU	cute th	forwar	TO FUNER	or removal.
VC	A	151	AE	E 5

5M 9/55

	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	
	12336 MEDICAL EXAMINER	'S CERTIFICATE OF DEATH	
M)	1. PLACE OF DEATH O. COUNTY Balling MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission)	-
	b. CITY OR TOWN (If outside corporate limits, write BUSAL ond give nearest tooks) C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carperale timits, write RURAL and give nearest town)	
X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS ON A FAR 1500 Ruskinst Residen ON A FAR YES \(\) NO	SW5
	3. NAME OF DECEASED (Type or print) Jught Leve I	Lost 4. DATE Month Doy Year OF DEATH MW 6 19 6	1
	5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Musey 1873 8 yrs. Months Days Hours Min.	
	10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUS during most) of working life, wen if refuged)	11. BIRTYPLACE (State of Sering country) 12. CITIZEN OF WHAT COUNTRY)	ITRY'
(I)	13. FATHER'S NAME 7 Leggett.	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCE? (Yes, no, or unknown) (If yes, give wor or dates of service) (%). SOCIAL SECURITY NO. 17.	whommant M. Leggett Bukmed	K
	1B. CAUSE OF DEATH [Enter only one cause per line to (a). (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Succide Interval Between Onset and Death	
	Canditians, if any, which gove rise to immediate cause	pope le pafler au Cellar	
	(a), staling the underlying DUE TO		
0	CATE	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES \(\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\texict{\text{\text{\texictex{\texi\texi{\texi{\texi{\text{\texi}\text{\text{\texit{\texi\	3
		(Enter nature of injury in Part I or Port II of item 18.) To rafter by supe in Cellan	
	2 1957 at work at work	CE OF, INJURY (Home, form, 20f. (City or town) (Caupity) (Statory, Heet, affice bidge, etc.) Calowrill Ball Mc	L
	21. I certify that I took charge of the remains described about death resulted from: Natural couses , Accident , Su	ove, held an Autopsy 🔲, Inspection 🔼, Inquiry 🔝, and find icide 🔝, Homicide 🔲, Undetermined couse 🗍.	tha
1	ACTUAL SIGNATURE LEMBERS SIGNATURE	M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED	2
de	EXAMINER'S GEO, S. M. RIFYFFER	MD DEPUTY MEDICAL EXAMINER 10/0 Leelan	, .
	220. BURIAL CREMATION, REMOVAL (Specify) Burial Nov. 8, 1961 Pine Grove	Cemetery Mt. Airy, Maryland	
34	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. M. Waltz, Winfield, Marvlar	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE NOV 8 '61 Carefun S. Kraus	7

DESCRIPTION DEATH THE PROPERTY OF		
	anna Control	
		a Kind of the State of the Stat
	THE THE RESERVE AND ADDRESS OF THE PARTY OF	
Description of State of		

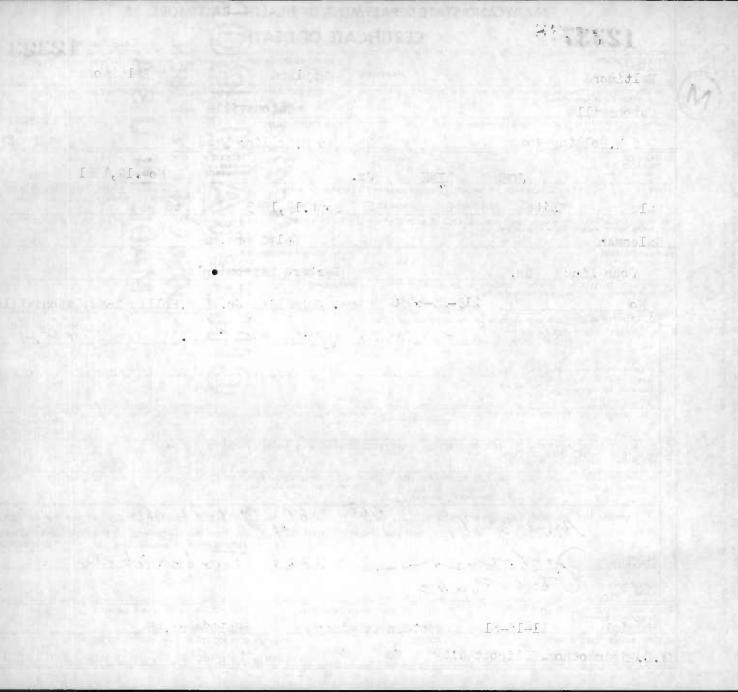
ely filled in by the funeral director, Poges 1 and 2 should be filed with ofter deoth. Poge 4 TO HOSPIT "OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hamony be it, ned by the hospital or othending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar prior to burial, cremation, or removal, and in any event within 72 pages after death.

VS A1S (4) 15M 9/58 12337

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Reg.	Dist.	Nő.	0	0	0	
wea.			1		- //	

									2	() (
1. PLACE OF DEATH o. COUNTY Baltimore			MARY	LAND	2. USUAL RESIDENCE (N	Where decease		ion: Residence		ission)
RURAL ond give n		ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	f outside corpo	prote limits, write I	RURAL ond give	nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g	ive street o	oddress)		d. STREET ADDRESS	ISATTTE		7		ESIDENCE A FARM?
5 N.Rol	Lling Road				5 N. Rolli	ng Roa	d			□ NO I
3. NAME OF DECEASED (Type or print)	Fire		Middle LTNK	Jr.	Last	4. DATE OF DEATH	Nov	.12,196	Doy	Yeor
S. SEX	6. COLOR OR RACE		D DIVORCE	_	DATE OF BIRTH	2	9. AGE (In years lost birthdoy)	Months Do		
Male	White	WIDOWE			Sept. 13, 189		68 yrs.	10 CITIZEN	105,40143	COLINITRIM
during most of wor	king life, even if retired)	dane 10b.	KIND OF BUSINESS O	INDUS				12. CITIZER	NOF WHA	COUNTRY?
Salesman						nore, Md				
13. FATHER'S NAME					14. MOTHER'S MAIDEN					
John L					Barbara Bas	sehnieg				
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. IN	FORMANT		Add	lress		
No			3-05-6056	Mr	s. John Link	c Jr. 5	N. Rolli	n Road.	Caton	sville
Canditions, if a gave rise to it cause (a), stating lying couse lost. PART II. OTI	the <u>under-</u> DUE TO		ONTRIBUTING TO DEA	1 TU8 HTA	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART 1	a) 19. WA	S AUTOPSY FORMED?
3									YES [_ NO _
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED	(Enter noture of injury i	n Part I or Pai	t II af item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea	While at wark	Not while of wark	20e. PLA foct	CE OF INJURY (Hame, fo ory, street, office bldg., e	erm, 20f. (City	or tawn)	(Cou	inty)	(Stote)
21. I certify th	nat Lattended the	decease	ed from	Oct	1961, to	hore	12, 1961	that I last	saw the	deceased
alive on	10013	_ 19 6	, and that	death	accurred at	0	the causes a			
	0				,		treet, city ar town			ATE SIGNED
ACTUAL	Jul o	n	2	N	D 3325	TP	de Ric	tan	/	
PHYSICIAN'S NAME (Type)	OJ. C.	Pou	119							
220. BURIAL, CREMATIC REMOVAL (Specify Burial			22c. NAME OF CEME Western				TION (City, town,	ar county)	(SI	ote)
23. FUNERAL DIRECTOR			ADDRESS	Jeme		C'D BY REGIS		ISTRAR'S SIGN.	ATURE	
F.C. Higinb	othom, Ellic	ott (City Md		DATE	OV 1 5 '6	1 0	TI 8 W		



15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

123	38		CERTIFICATE	OF DEATH			1233	24
1. PLACE OF DEAT	H 3 F			2. USUAL RESIDEN	CE (Where daceese		ution; Residenc	e before admission
Baltimor	°A		MARYLAND	Marylan	a	b. COUNTY	altimo	re
b. CITY OR TOWN	(if outside corporete lim	its,	c. LENGTH OF STAY IN 16	c. CITY OF TOWN (
Towson				Towson				
			pital, give street eddress)	d. STREET ADDRESS				a. IS RESIDENCE ON A FARM?
Towson C	convalesce	nt H	ome		den Road			YES NO
3. NAME OF DECEASED	First		Middle	Last	4. DATE OF	Month	Dey	Yeer
(Type or print)	Anna		G.	Logan	DEATH NO	vembe:	r 19,	19 61
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		(In years IF L		IF UNDER 24 HRS.
F	W	WIDOWE	D DIVORCED	10/23/1886	75	birthdey) Mo	onths Days	Hours Min.
10e. USUAL OCCUPA done during most of w	TION (Give kind of working life, even if retire	10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Coun	ity & State, or foreig	n country)	12. CITIZEN OI	WHAT COUNTRY
Teache			ducation	Achland	Ma		U.S.	A .
13. FATHER'S NAME			auca of off	Ashland 14. MOTHER'S MAIDEN	NAME			
Luke L	ogan			Mary B.	Keel ev			
15. WAS DECEASED E	VER IN U.S. ARMED FOI		SOCIAL SECURITY NO. 17.	INFORMANT		Address		
_ No	(1170391101101010101010101	1011100,	Ket	cherine V.	Logen 30	וז דען רו	hagana	olco Arro
	DEATH [Enter only one	cause per l	ine for (e), (b), and (c).]	MIGITING A.	TO Sall 30	wson,l	ITALY PINT	ERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	1	reme		10	WDOIL		Week
1150	IMMEDIATE CAUSE (e)		- Commen					West -
750	DUE TO	100		10-1	/			
Conditions, if en	(5)	00	renalzed	Arterio	sclare-	5/5		ye
(a), stating the	DITE TO		0					
ceuse last.) (c)							
PART II, OTHE	ER SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMI	NAL DISEASE COND	ITION GIVEN I	N PART 1(e) 15	PERFORMED?
PART II. OTHE							Y	ES NO
E 20e. ACCIDENT V	VAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER		CRIBE HOW INJURY OCCURE	D. (Enter neture of injury in	Part I or Part II of ite	m 18.)		
			INITION OCCUPATED I CO. P.	ACE OF INJURY (Home, farm	n, ! 20f. (City or to		(Countre)	(State)
20c. TIME OF INJ Hour a.m.		While	t.	act Of INJURY (Home, farm ctory, street, office bldg., etc		W11)	(County)	(31816)
p.m.		et wor					100	
21. I certify	that (I) (this hospi	tal) atten	ded the deceased from	The comment	19.55, to	as/ 2	2, 196./., 11	hat (I) (we) las
saw the decea	sed alive on	v/)	0 1% , and the	death occured at	M, from the	causes and	on the da	ite stated above
220. SIGNATURE	1				/	2 - 1		/22b. DATE
1 Cell	celle-to	2600	mull.	M.D. PHYS.		AFF IYS.	11	1/20/6/
CHARTE	\$ F.O'	DONA	1e11, M.L	5. 7501 YOR	k ROAD	Tows	ON	MARYLO
23a. BURIAL, CREMA	TION, 23b. DATE THE	REOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	(City, town o	or county)	(Stata)
Burial	11/22/1	961	St. Joseph's	Cem.	Texas,	Mary	rland	
24 FUNERAL DIRECTO			ADDRESS		C'D 8Y REGISTRAR	25b. REGIST	RAR'S SIGNAT	TURE
H.W.Jenki	ns & Sons	Co.	H905 York H	gad DATE ON	/ 2 0 '61	Lilling	2 Hours	
			Dalu. Te	CL 6				

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MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMOF	RE, 18	
12339	CERTIFICA	ATE OF DEATH		Reg. D	ist4N6)205
1. PLACE OF DEATH G. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		OUNTY	nce before odmission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Woodmore (Balto, Zone 7)	c. LENGTH OF STAY IN 16 2 yrs. 3 mo.	c. CITY OR TOWN (If or			give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION 3493 Hillsmere Road	oddress)	d. STREET ADDRESS 3493 Hillsy			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) William	Middle Francis	Lowe	4. DATE OF DEATH	Month Nov. 10.	Day Yeor 1961 19
5. SEX 6. COLOR OR RACE 7. MARR WIDOWE	The state of the s	B. DATE OF BIRTH June 18, 190	9. AGE (In lost birt 59		Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Firefighter Ball 13. FATHER'S NAME William Lowe	kind of Business or Indu	Dept. Cocket	vsville, Ba	alto Co.	Md. U.S.A
		NFORMANT s. Bertha C. 1		Address Hillsmen	re Road
18. CAUSE OF DEATH [Enter only one cause per lir PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) UE TO Conditions, if any, which gave rise to immediate	te for (a), (b), and (c).] Ceromore Lefferline	- Ovel	win Vose	Desig	INTERVAL BETWEEN ONSET AND DEATH
cause (o), stoting the under- lying cause lost.	Corna	my Presse	flecie	· .	145

CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Year (County) foctory, street, office bldg., etc. Hour o. m. While Not while at work at work p. m.

21. I certify that I attended the deceased from 19_[a], that I last saw the deceased and that death accurred at 12-4M, from the causes and on the date stated abave. ADDRESS (Street, city or town, stote)

ACTUAL 4509 Liberty Heights Ave

PHYSICIAN'S NAME (Type) Baltimore Md. Thomas G. Abbott. M.D. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

220. BURIAL CREMATION. 22d. LOCATION (City, lown, or county) REMOVAL (Specify) Sacred Heart Cemetery Baltimore, Md. Buria]

ADDRESS 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE ernon Lemmon 4611 Park Heights Ave Balto PATE NOV 1 3 '61

24b. REGISTRAR'S SIGNATURE arthur S. Kraus (Stote)

(Stote)

colors (Live one), Check of the colors (Live cond), The state of the s in . Ni. 30. 30 mily sign of the same shift said . 48 mily sign in the same said and Lao Line. in . Jetta C. Los, was milened ton. . SVA similar vitadal Roth HALL AND RECORDED IN 11,11,11 . otle. or strick see IIA. En G

en. This committees should be executed within 24 hours drief death. It any delay is necessary, please a	ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral	farwars to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremati	
כ סבים יייבסוכטר בטטיייייייי יייויז רפו ווווירסופ זיים	cute the rificate, writing the ward "pending" in p	farwared to the Chief Medical Examiner's Office al	TO FUNERAL DIRECTOR: Page 3 should be used as a b	or removol.

VS. A15ME(5) 5M 9/55

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		dminer	uld be us	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12340

Reg. Dlat \$4020C

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1. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (b. COUNTY		ssion)
	altimore					ltimore.	
and give nearest t	N (If outside corporate limits, write RU own) othorne	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (I		imits, write RURAL and	d give nearest tav	rn)
		not in hospital, give street address)	d. STREET ADDRESS	UE:		e. IS RE	SIDENCE
	uncis Ave		1	cis Ave		ON	A FARM?
3. NAME OF DECEASED (Type or print)	First	Middle Lowman	Last	4. DATE OF DEATH	Month NOve her	Doy Ye	ear
S. SEX	6. COLOR OR RACE 7.		8. DATE OF BIRTH	9. AGE	(In years IFUNDER		ER 24 HRS.
Male		VIDOWED TO DIVORCED TO	70 700			Days Hours	Min.
	MILLY	106. KIND OF BUSINESS OR INDUS	Febr. 18,1880		5 yn.		20111701
during most of war	rking life, even if retired)		C- 1 166	ar roreign country)	12. CIII	IZEN OF WHAT	COUNTRY
	tirered Police	Officer Balto . Ci	tv Mo	1	U.S	5 • A	
3. FATHER'S NAME	Reason Lowman		14. MOTHER'S MAIDEN	NAMEOWN			
	Meason Howard						
	EVER IN U. S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	202 7:00: 0	Address		
res, no. or unknown)	(If yes, give war or dates of servi	ice)	informant oush 12	201 Fra c	Tackho	- (B)	
18. CAUSE OF D	EATH [Enter only one couse	per line for (o), (b), and (c).]				INTERVAL BETWEE	EN
PART I. DI	EATH WAS CAUSED BY	Gun shot woun	d in bond "1"	Double B	annal min	ONSEI AND DEA	IH
an	IMMEDIATE CAUSE (a)	July S 10 C Wolf.	1 10 1001 1.1	1 Donnie D	arrel gun		
/	DUE TO						
Canditians, if		lead completely bl	own off only	part back	of head		- 3
gove rise to imm	underlying DUE TO	ng.Suicide					
couse last.	(c)	5					
PART II. C		IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	ITION GIVEN IN PAR	T 1(o) 19. WAS A	UTOPSY
5						PERFOI YES	RMED?
	CAUSE WAS CONTRIBUTING [DESCRIBE HOW INTURY OCCURRED.	(Enter nature of injury in Por	t ag fort distriction	181d comple	tely	
20c. TIME OF IN.	JURY - Month, Day, Year	1204 INTHINY OCCUPATED 120- TI	ACE OF INJURY (Hame, form	n, 20f. (City or tawn	1) (Cor	unty)	(Stote)
Hour a. n	n. 12 9 dr.	While Not while fac	tory, street, office bldg., etc	(4)			,
			TUme	Haletho	rno Balto	· 00 ·	10.00
21, 1 certify	that I taak charge at	f the remains described abo	ave, held an Autaps	y . Inspect	ion [], Inquir	ry and f	ind tho
death resulte	ed from: Natural car	uses , Accident , Su	icide [], Homicide	Undeter	mined cause].	
	no o	41	64 -12			10000	
ACTUAL	1/10/19	Which stan	CHIEF MEDICAL E	YAMINED [DATE SI	GNED
SIGNATURE	THEY GIV	410ce free	m.u.	_			
EXAMINER'S	Geo.S.M. Ki	effer NO.	ASSISTANT MEDIC			1.0 V .	21.9
NAME (Type)			DEPUTY MEDICAL	EXAMINER 77	10 Loads A		OK
20. BURIAL, CREMAT	TION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	44.14	ity, town, or county)	(State)
REMOVAL (Speci	(tv)	961 Loudon Pari	k Cemetowr		altimore,	Md	•
3. FUNERAL DIRECTO		ADDRESS			24b. REGISTRAR'S SIG		
O/ I	2/2/11	1 - med	6 1. Z40. REC	17.5			
Jeanured.	11 Hildrank it	10/ 1/12 kens (1 ol. 1	TOPE DATE	NOV 6 '61	arthur	8 Km	

PTASO SO STADBURSE'S DERIVEDED OF DEATH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. 3 death. 4 may be retained by the hospital or attending physician. 5 TO FUNEMAL DIRECTOR: After this certificate has been signed by the attending physician and completely rilled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, wintin 72 hours after refailing.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission)
a. COUNTY Baltimore MARYLAND	e. STATE b. COUNTY
	Maryland
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Catonsville 2 years	Baltimore 3 V4/ 4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
St. Joseph's Nursing Home	23 S. Ann Street
3. NAME OF First Middle	Last 4. DATE Month Day Yeer
DECEASED	OF
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Deys Hours Min.
Female White WIDOWED K DIVORCED	December 1,1889 71 yrs. Monins Deys nous Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
done during most of working life, even if retired)	Daland M
13. FATHER'S NAME	Poland Poland
	14. MOTHER 3 MAIDEN NAME
Saturnina Majka	Magdalena Kmiec
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivewerordetesofservice)	INFORMANT Address
	rs. Sonia Owens, 2912 St. Paul Street
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (0)	cular accident 3d
442 DUE TO	a. 1 1 20 mm
Conditions, if any, which (b)	ole careleavorables of 20 yrs
gave rise to immediate cause	
(a), stelling the underlying DUETO	
(6)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIB	PERFORMED?
N C C C C C C C C C C C C C C C C C C C	YES NO
208. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter neture of injury in Pert I or Pert II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PL	ACE OF INJURY (Home, farm, '2Df. (City or town) (County) (Stete)
Hour a.m. While Not While	story, street, office bldg., etc.)
p.m. 19 et work at work	
21. I certify that (I) (this hospital) attemded the deceased from.	
saw the deceased alive on 24 Nov 19 6 / and tha	t death occured at
22e. SIGNATURE	22b. DATE
Laure Karp	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 7
22c. PHYSICIAN'S	A.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS
NAME (Type) James E. Rowe, M.D.	1011 Frederick Rd. Balto. 28, Md.
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION K.X. X.
REMOVAL (Specify)	
Burial 11/28/61 Holy Rosary	
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
M.F.SADOWSKI & SONS, 1808 EASTERN A	AVENUE DATHOV 2 7 '61

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after death. Page 4 by the funeral director, and 2 should be filled with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 homory be reached by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2342	CERTIFICATE	OF DEATH
んりずん	CERTIFICATE	OF DEATE

1.0012		CERTIFICATE OF DEATH					Reg. Dist. No.				
1. PLACE OF DEATH				IDENCE (WI	here deceased	d lived. If institution	n: Reside	nce befo	re admiss	on)	
o. COUNTY Baltimore		MARYLAND		d. STATE Maryland b. COUNTY Ba					ore		
b. CITY OR TOWN (If outside corporate		c. LENGTH OF STAY IN 16	Maryland Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)								
RURAL and give neorest town) Dundalk			XI	Dundal	k						
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION	ital, give street o	oddress)	d. STREET			- /-			e. IS RES		
3026 Dunleer	Road		1 3	3026 I	unleer	Road				FARM?	
3. NAME OF DECEASED	First	Middle	Lo		4. DATE	Mon	th	Do	ıy `	(ear	
(Type or print) JO	SEPHINE		MALY		OF DEATH	November	29.			9 61	
5. SEX 6. COLOR OR F	ACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRT	Ή		9. AGE (In years lost birthdoy)	IF UNDE		IF UNDE		
Female White	WIDOWE	DIVORCED [July 4,	1892	700	69 yrs.	Months	Doys	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of during most of working life, even if r	work done 10b. I	KIND OF BUSINESS OR IND	USTRY 11. BIRTHP	LACE (State	or foreign co	ountry)	12. CI1	IZENO	WHATC	OUNTRY?	
At Home	emica)		Czech	noslov	akia		Ţ	J.S.	Α.		
13. FATHER'S NAME	1,-,19		14. MOTHER'S	MAIDEN I	NAME					4.74	
John Hruz				?							
1S. WAS DECEASED EVER IN U. S. ARMEL Yes, no, or unknown) (If yes, give war or do		SOCIAL SECURITY NO.	INFORMANT			Addr	ess				
No.		M:	rs. Agnes	Kope	cni. 3	3026 Dunl	eer I	Road	-22		
18. CAUSE OF DEATH [Enter only of		e for (o), (b), and (c).]	1 0	1					ERVAL BE		
PART I. DEATH WAS CAUSED IMMEDIATE CAU		Geronary T	Wine bosis) 0	tails			OIN.	SET AND	12772	
420.0 DI	JE TO	000	1 0	1					1.1		
Conditions, if ony, which)	the and	Tipelo 4	kand di	Deado)				4 140	ars	
gave rise to immediate Couse (a), stating the under-	JE TO						Ou I		0		
lying couse lost.	(c)										
PART II. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO	O THE TERM	NAL DISEASE	E CONDITION GIV	EN IN PAI	RT 1(o) 1	9. WAS A	UTOPSY	
CATI									YES	RMED?	
200. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DI	20b. DESC	RIBE HOW INJURY OCCUR	RED. (Enter nature	of injury in	Part I or Port	t II of item 1B.)		57.3			
(IF EITHER, NOTIFY MEDICAL EXAMIN	NER)										
20c. TIME OF INJURY Manth, Doy			PLACE OF INJURY	(Home, farm	20f. (City	or town)		County)		(Stote)	
∑ 20c. TIME OF INJURY Manth, Doy Haur a.m. p. m.	19 While at wark	IAO! WILLE	octory, street, offic	e blag., etc	.)						
21. I certify that I attended	the decease	ed from	19 60	, ta 9	sember	129, 196/,	that I le	act can	u tho d	oceased	
alive an Neverther 3	9 196	1	th accurred at			the causes an	d an th	a date	totad	abava	
QL N		, die incadedi	in accorded at		ADDRESS (St	reet, city or town,	state)	e dale	DAT	E SIGNED	
ACTUAL SIGNATURE Handly	3,40	Lagrille.	un 29	so D	UNRAN	RD			121	1161	
10	-)			¥.Z		1 /			4_00_4_	1-01	
PHYSICIAN'S NAME (Type) STANLEY	Z. Felse	enbergan.O.	Bat	t: mor	e 22.	Maryland					
220. BURIAL, CREMATION, 22b. DATE TH	IEREOF	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	ION (City, town, c	r county)		(Stote	9)	
Burial (Specify) 12/2/6	1	Holy Redeeme	er Cemete	ry	Balti	more, Md					
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			D BY REGIST			GNATU	RE		
Ullrich Funeral Ho	ne Dunda	lk, Md.		DATE DI	FC 6 16	31 0	Thun 6	1 4			

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TISTICAL RESEARCH AND RECORDS 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND /14/61 plnods 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and giva nearest town) 60 years Towson Towson ed d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS 804 Kingston Road Kingston Road 3. NAME OF Middle DATE complete DECEASED Nov. MARKEL DEATH (Type or print) EDGAR carbon it, within 89 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | 1890/ and July 28 last birthday) certificate be WIDOWED DIVORCED ti Mal e physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Pennsylvania Accountant (Retired) Accounting 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Sarah Kerr John H. Markel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Then 16. SOCIA ECURITY NO. 1 17. INFORMANT Mrs. Alice E. Markel 804 Kingston Rd. (Yas, no, or unkown) | (Ifyes giva war or dates of sarvica) No ig physician. 18. CAUSE OF DEATH [Enter only one ceuse per line for (a . (b), and (c). Ihrombosis) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO affending Conditions, if any, which certificate has been r use as the burial-tr (b) gave risa to immadiate causa DUE TO (a), stating the underlying causa last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY hospital \$ 0 prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) 208. ACCIDENT WAS UNDERLYING DIRECTOR: After this c 3 should be detached for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) Month, Day, Year factory, streat, offica bldg., atc.) Not While Whila Hour a.m. at work at work 1960 21. I certify that (I) (this bospital) attended the deceased from Ula 20 saw the deceased alive on., 22a, SIGN OURE ATTENDING DIRECTOR PHYS. PHYS. M.D 22d. ADDRESS NAME (Type) 6805 York Road, Dr. Laurence C. Baltimore 12. Md. director, p 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) Baltimore County, Maryland 27.61 Moreland Mem'l. Park Burial 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Jenkins & Sons Co.4905 York York Rd PATNOV 2 8 '61 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Circhard S. Thomas

(County)

Baltimore

Day

24

U.S.A.

Months

a. IS RESIDENCE

YES NO A

19 61

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO F

(Stata)

22b. DATE

(Stata)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Yaar

ON A FARM?

arronation 649 PT 17 34 Hoswor C. Von. Me, Well as the Angentantinelists accounting Pannay wants fourse . Temal. .M. notaget 108 Israel . Soula . sem Spis-of-fig. The same of the same of the same of the . OF CSI PROPERTY OF THE PROPERTY AND A STATE OF THE PARTY OF THE PART distributed occupied them. I. then the state of the vol target and

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATE 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) e. COUNTY a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corposate limits, (If outside corporate limits, write BURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN Pel d. NAME OF HOSPITAL OR INSTITUTION (if not in bespitel, give street address) STREET ADDRESS YES NO 3. NAME OF Middle DATE complete Month DECEASED OF (Type or print) DEATH carbon IF UNDER 24 HRS. 9. AGE (In yeers IF UNDER 1 YEAR last_birthday) and Months Days Hours DIVORCED WIDOWED physician remove USUAL OCCUPATION (Give kind of work WIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? & State, or foreign country) during most of Working life, even if retired) 13. FATHER'S NAME 14. MOTHER please .5 attending and 15. WAS DECEASED EVER IN U.S. ARMED FORCES Then 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (Ifyes give war or dates of septice the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). QNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ending Conditions, if any, which (b) gave rise to immediate cause DUF TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY certificate 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH for the (IF EITHER, NOTIFY MEDICAL EXAMINER After 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) factory, street, office bldg., etc.) Not While While Hour e.m. at work at work p.m DIRECTOR: 21. I certify that (I) (this hospital) attended the deceased from., 19.6., that (I) (wid) last to.....19. ..., and that death occured at.I. saw the deceased alive on. M, from the causes and on the date stated above. 22a. SIGNATURE ATTENDING PHYS. PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typ FUNE ector, filed death.
TO FU CEMETERY OR CREMATORY LOCATION (City, 23a. BURIAL, CREMATION, 25b. REGISTRAR'S SIGNATURE DIRECTOR'S SIGNATUR

NOV

VR A15 (4)

e. IS RESIDENCE

19

PERFORMED? NO

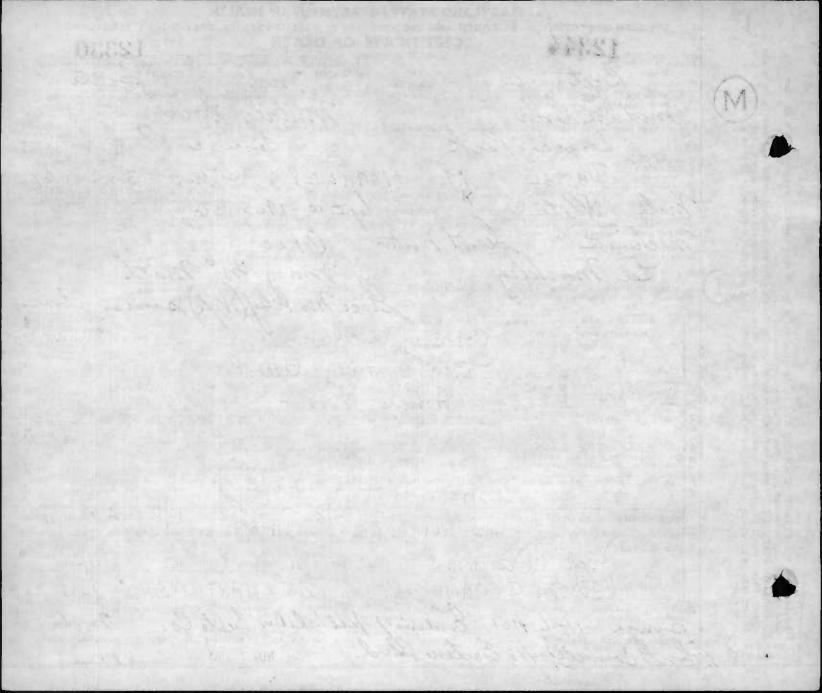
(State)

DATE

Curinin & Three

SIGNED

ON A FARM?



Chillian & Thousa

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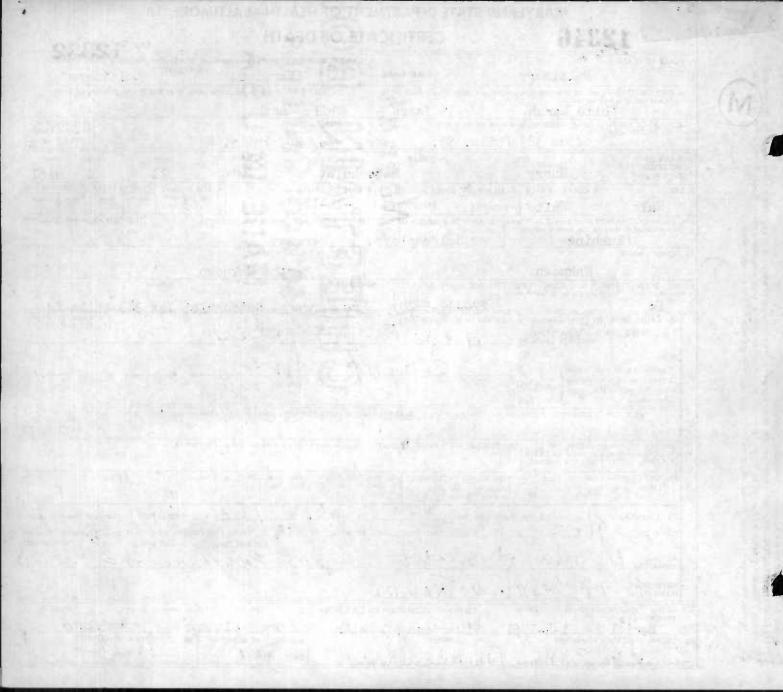
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VS A15 (4) 15M 9/58

	MARYLAND	STATE	DEPARTME	NT OF	HEALTH-B	ALTIMORE, 18
1934	C		FRTIFICA	E OF	DEATH	

	4.4	010		- CERTIFIC	,,,,,,		34 77.2		Reg. Di	st. Noc	2076	2
1.	PLACE OF DEATH		1400		2. USUAL RE	SIDENCE (W	here decease	d lived. If institution	an: Residen	ce befar	e admiss	Yan)
	a. COUNTY	Baltimore	9	MARYLAND	g. STATE	Mar	yland	b. COUNTY	Bal	timo	re	
	b. CITY OR TOWN (I	f autside carporate limi	its, write	c. LENGTH OF STAY IN 18	c. CITY O	R TOWN (If	autside carpa	orate limits, write R	URAL and g	give nea	rest tawn	1)
		ite Marsh		35 Years	X Whi	te Mar	sh					
	d. NAME OF HOSPIT	AL (If not in hospital, g	give street	address)	d. STREET	ADDRESS			- 31		. IS RES	
	OK INSTITUTION	Box 383	Phi:	la. Rd.	Bo	x 383	Phila.	Rd				FARM?
3.	NAME OF DECEASED	Fir	rst	Middle		ost	4. DATE OF	Man	th	Da	γ ,	Year
1	(Type ar print)	Harry		Ma	tschulat		DEATH	1	1	2		1961
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. DATE OF 81	RTH		9. AGE (In years	IF UNDER			1
	Male	White	WIDOW	ED DIVORCED	5-14-	1898	46	last birthday) 63 yrs.	Manths	Days	Haurs	Min.
10	a. USUAL OCCUPATIO	ON (Give kind af wark	dane 10b.	KIND OF BUSINESS OR INC	DUSTRY 11. BIRTH	IPLACE (State	ar fareign c	auntry)	12.CITI	ZENOF	WHATC	OUNTRY
		nbing	'	Selfemploy	ed G	ermany			II	SA		
13	FATHER'S NAME		,	- ozz ompzoj		R'S MAIDEN			1	0 6		
		Unknown				Berth	a Unkn	own				
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	INFORMANT	111111	The State of	Add	ess			
1,	No.	(If yes, give war or dates of s		229-09-5821	Mrs Ma	rgaret	Mataa	bullet Da	- 202	D1- 4	7 - T	
F	-	TH [Enter anly one co		ne far (a), (b), and (c).]	MI-S ma	r. Ran.e.r	nausc 0	HULAL DO	x ->0->	Phi	RVAL 8E	TWEEN
		TH WAS CAUSED 8Y:		11000 1	- i	= 01	Lun	,		ONS	ET AND	DEATH
		IMMEDIATE CAUSE (a		11 19000		700	·			-		-
	156.1	DUE TO		CA	-~1	Van	01-					
	Canditians, if a	10)	CIA	0/	NVV	901			-		
	cause (a), stating)		(
	lying cause last.) (c)									
o No.	PART II. OTH	IER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED	TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19	PERFO	AUTOPSY RMED?
S												NO 🗌
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter nature	af injury in	Part I ar Par	t II af item 18.)	1			
		'	- 1001 11		BLACE OF INJURIO	4 /11	000 1011					45
MEDICAL	20c. TIME OF INJURY		While	NJURY OCCURRED 20e.	PLACE OF INJURY factory, street, aff	fice bldg., etc	n, 20f. (City c.)	ar town)	10	County)		(State
¥	p. m.	19	at war									
	21. I certify th	at I attended the	deceas	ed fram 7 - 2	196		11 -	- 2, 1961,	that I la	ist saw	the d	ecease
	alive an	11-2	. 19_	61, and that dea	th accurred o	SA	M. fram	the causes an				
	1/1-	1	1	1				treet, city ar tawn,				E SIGNE
	ACTUAL SIGNATURE	Mrm	11	multo	_M.D	105	7.11.5	c/49e	AV	-	5	41
	PHYSICIAN'S NAME (Type)	DR. MAK	ZV.	N Romb	RO							
22	. BURIAL, CREMATIO	N, 22b. DATE THEREC)F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCA	TION (City, tawn,	or county)		(Stat	e)
1	REMOVAL (Specify)	17-1-19	61	Gardens of	Faith C	emeter	Bal	timore	M,	arvl	and	
23	. FUNERAL DIRECTOR'		-	ADDRESS	Tarun V		D 8Y REGIST	TRAR 24b. REGIS	STRAR'S SIG	GNATUR	RE	1
1	for a s.	160.	7 11	a) Beloin Ro		DATE 1	VOV 7	'61 C	lithur d	9. The	and a	
0	assahnal	mor round	17	al mercial la		DATE 1	400				-	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If inetitation: Residence before edmission) a. COUNTY b. COUNTY. MARYLAND b. CITY OR TO c. LENGTH OF STAY IN 16 c. CITY uside corporate limits, write RURAL end give nearest town) þ in hospitel, give street eddress) 3. NAME OF DECEASED OF (Type or print) DEAT S. SEX COLOR OR RACI IF UNDER 1 YEAR DATE 7. MARRIED NEVER MARRIED and Months Days WIDOWED DIVORCED physician 940 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? ng most of warking life, even if retired) please death attending 16. SOCIAL SECURITY NO. Address ARMED FORCEST Inkown) | (If yes give war or dates of service remova the CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which peen (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate 20a. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) Not While Whila Hour a.m. et work et work n.m. may be retain DIRECTOR: 1940 to 10 (we) last 21. I certify that (I) (this hospital) attended the deceased from...... from the causes and on the date stated above. 22a. SIGNATURE ATTENDING PHYS. DIRECTOR PHYS. director, page is TO FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) LOCATION (City town or county) BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 25b. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) arthur S. Kraus 15M 9/60

e. IS RESIDENCE

PERFORMED? NO F

(Stete)

DATE

SIGNED

19 IF UNDER 24 HRS.

Hours

ON A FARM? YES NO DE

Min.

1116 311 STATE THOSE THEY END LEST MENT Kural-Parkton Some Runal-tarkton ALTERACION AND MANAGERATINA CONTRACTOR I Frank Mays Street 13.20 Merchant Generalston Free Land 198 TES A William Welliams - Ware transportation Vo - 215 34 Este Mis Derthat Hays Jack Lea Male the tenne (Echinos som warmen between The state of the s Pertension Problem 12 And the state of t

TO HOSP TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Seconds A may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral or director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 2 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12334

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDE	NCE (Whara dad			enca before a	dmission
Baltimore	MARYLAND	a. STATE	yland	b. COUN		Geor	ge V
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		rate limits, write	RURAL and giv	nearest tow	(n)
d. NAME OF HOSPITATION (If not in he	1 month 3 da.		oma Park			00	9.4
d. NAME OF HOSPITATOR INSTITUTION (if not in he	ospitel, give street eddress)	d. STREET ADDRES	S				A FARM?
D	ining Cobool	951	West Hi	ghway			NO X
3. NAME OF Rosewood State Tra	TUTUE DEHOOT	Last	4. DATE	Month	De	y Yee	r
DECEASED	77 27	W-0	OF DEATH	11	2	10	61
John	Howell	McConnell		Budden	. 2	19	
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9.	AGE (In yaers last birthdey)	Months Deys		Min.
Male White WIDOW	/ED DIVORCED	9/19/60		1 yrs.	Monnis Days	Tiours .	743111.
	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Co	unty & Stete, or f	oreign country)			
dependent 13. FATHER'S NAME	none	Washingto				UlS.A.	
Howell A. McConnell		Theresa G	allager	McConne	11		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
(Yes, no, or unkown) (Ifyasgivewerordetesofservice)		Rosewood	Records,	Owings	Mills,	Maryl	and
18. CAUSE OF DEATH [Enter only one ceuse per		0	4			NTERVAL BET	DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	eptered by	idrocepha	lus			5 h	ours
1 2 4 1 1 1	0						
DUE TO		150			0	5 h	ours
Conditions, it eny, which (b) gave rise to immediate ceuse	conday upo	him of	pressure	anca	3,	7 11	0425
(a), stating the underlying DUE TO		0 '					
ceuse lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	ONDITION GIV	EN IN PART 1(e)	19. WAS	ORMED?
NITA NITA NITA NITA NITA NITA NITA NITA						YES X	NO T
200. ACCIDENT WAS UNDERLYING 20b. DI	ESCRIBE HOW INJURY OCCURE). (Enter neture of injury	in Part I or Part II	of itam 18.)	-		
OR CONTRIBUTING CAUSE OF DEATH							
20c. TIME OF INJURY Month, Dey, Yeer 20d Wh Hour a.m. 19 et w	1	ACE OF INJURY (Home, f		or town)	(County)		(Stete)
Hour a.m. Wh	ile Not While rac	tory, street, office bldg.,	BIC.)				
	hard	916163	40	77 /7/6	1 40	(1)	
21. I certify that (I) (this hospital) atte							
saw the deceased alive on11/3/6	19, and tha	t death occured at	M, from	the causes	and on the	date state	d above
22a. SIGN TURE	0	ATTENDING	MED	STAFF		221	DATE
I farry b. But	tes/	A.D. PHYS.	MED. DIRECTOR	PHYS.		11	/3/67
72c. PHYSICIAN'S		22d. ADDRESS					
NAME (Type) G. Butler, M.	D.	Rosewoo	d Lane,	Owings i	Mills, N	id.	
23 BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY		TION (City, to			itate)
	Hotel (SA	11	year	clan tox	civiling.	-Jel	Par
THURSH DIRECTORIS SIGNATURE	ADDRESS	25-	REC'D BY REGIST	RAR 25h PF	GISTRAR'S SIGN	ATURE	1
24 FUNERAL DIRECTOR'S SIGNATURE	DI C	-1	10				
Trank Tillewill	Peles &	MO DATE	NOV 6 '6	1 6	irthur S. A	ralls	

P. S. α' μ y Contraction of the contract of in the second of the second Little Barrell The second secon Thereof to Butter . Let a the contract of the co Lexil 1917 . The Contract of the State of th trent tribusti I share med now to the

after death. Page 4

is 3y the funeral director, and 2 should be filed with TO HOSPILAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 how may be a set by the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the State Board of Health prior ta burial, crematian, or removal, and in any event, within 72 haurs after Death.

VR A1S (4) 1SM 9/S9

12349

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CER	TIFIC	CAT	E OF	DE	ATH

1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla		ved. If institution b. COUNTY	n: Residence 5	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If			JRAL ond give	nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street	84 yrs.	d. STREET ADDRESS	Llicott	CITY		e. tS RESTDENCE
OR INSTITUTION 118 Freder:			Frederi	ck Road	1220	ON A FARM? YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE OF	Mon	th	Day Year
	bert McCullough	h	DEATH		Nov. 23	3, 1961
S. SEX 6. COLOR OR RACE 7. MAR	RIED 🔀 NEVER MARRIED 🗌	B. DATE OF BIRTH	9.	AGE (In years last birthday)		AR IF UNDER 24 HRS.
Male White WIDOW	ED DIVORCED	May 31, 1877		84 yrs.	Months Doy	Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b during most af warking life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State	or foreign coun	itry)	12. CITIZEN	OF WHAT COUNTRY?
	Flour mill	Mary	land		U.	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
James McCullon	agh	Man	ry E. He	epting		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	Not the second s	INFORMANT			Cott Ci	ity, Md.
	216-01-4307 M	rs. Martha Mc	Cullough			
18. CAUSE OF DEATH [Enter anly ane cause per I					11	NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	CEREBRA	AL HEME	RRHA	OE		NSET AND DEATH
4 4 3 X DUE TO			111111111111111111111111111111111111111			
Conditions, if any, which)	HTAS	CV5				10 YR3
gove rise to immediate (277.7			, ,
lying cause lost.						
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE C	ONDITION GIV	EN IN PART 1(c) 19. WAS AUTOPSY
ATIO						PERFORMED? YES NO NO
PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Port II	of item 18.)		
	INJURY OCCURRED 20e. P	LACE OF INJURY (Home, form	m, 20f. (City or	town)	(Coun	ity) (Stote)
Hour o. m. 19 While at wo	Not while fo	actary, street, affice bldg., et				
21. I certify that (I) (this haspital) atten	ded the deceased fram.	1957 19	ta\	1-23	19.6	that (I) (we) last
saw the deceased alive an 11-16	196, and that	death accurred at		e causes an	d an the do	ate stated abave.
22a. SIGNATURE						22b. DATE
Letu V. those	-	M.D. ATTENDING PHYS.	NED.	STAFF PHYS.		11-23-6 SIGNED
22c. PHYSICIAN'S NAME (Type) Peter Van B.	Thorpe M. D.	22d. ADDRESS 409 Col	lumbia I	rike Ell	icott C	City, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	OR CREMATORY	23d. LOCATIC	N (City, town, o	or county)	(State)
REMOVAL (Specify) Burial 11/27/1961	Good Shepl			cott Ci		,
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRA		TRAR'S SIGNA	TURE
Easton Funeral Ho.	Catonsvill	le, Md. DATE N	OV 2 7 '61	ال	ilms S. Fr	inuA

Short to produce CES . Element of the state of the s MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEDTIEIC ATE OF DEATH

12336

JE 100 1	41747		CLKIII	1	L OI DEATH						
1, PLACE OF DEATH					2. USUAL RESIDENCE (Whe	ere deceosed		on: Residence b	efore admis	sion)	
a. COUNTY Ba.	ltimore		MARY	LAND	o. STATE Maryland b. COUNTY Baltimore						
b. CITY OR TOWN (If a RURAL and give nea	autside carporate limits,	write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If au		ate limits, write RI	URAL ond give	nearest tow	m)	
	tt City		59 vrs		X E1	licott	City				
d. NAME OF HOSPITA OR INSTITUTION	L (If not in hospital, give	e street c	oddress)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?	
OK MASHIONOIA	24 Westche	ster	Avenue		24 Westc	hester	Avenue			NO	
3. NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mont	th	Day	Year	
(Type or print)	MARGA	RET	HILDA		McGUIRK	DEATH		Nov.	2.	1961	
5. SEX	6. COLOR OR RACE 7	MARRI	ED NEVER MARRIE	D	. DATE OF BIRTH	9	. AGE (In years lost birthdoy)	IF UNDER 1 YE	_	1	
Female	White v	VIDOWE	D IVORCE		Oct. 28, 190	2	59 yrs.	Months Day	ys Haurs	Min.	
10a. USUAL OCCUPATION	(Give kind of work doing life, even if retired)	ne 10b. I	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (State of	ar foreign cou	intry)	12. CITIZEN	OF WHAT	COUNTRY?	
Housew:			Own home		Marvl	and		II.	S. A		
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME					
	James Laff	erty				Martha	Lilly				
15. WAS DECEASED EVER	IN U. S. ARMED FORCE	S? 16. 9	SOCIAL SECURITY NO.	. 17. IN	FORMANT		Addr	ess Ellic	ott C	ity, M	
No	74 give wor or outer or retire	,	None	Mi	ss Mary E. La	fferty	24 West				
18. CAUSE OF DEAT	H [Enter only ane cous	e per lin	e for (a), (b), and (c).		TALAN SEALON	1	1		NTERVAL B		
	WAS CAUSED BY:	M	tastely.	0	nrenona	rale	M		INSET AND	WA.	
153.8	DUE TO	,			1		N .				
Conditions, if any	(, which)										
gave rise to im	DIJE TO		Hillian III			7					
lying couse last.	e under-										
Z PART II. OTHE		TIONS C	ONTRIBUTING TO DEA	ATH BUT I	NOT RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1(c) 19. WAS	AUTOPSY	
) ATA									YES T	ORMED?	
E 20a. ACCIDENT WAS	UNDERLYING 20	Ob. DESC	RIBE HOW INJURY OF	CCURRED	. (Enter noture of injury in P	ort I or Port I	II of item 1B.)				
PART II. OTHE 200. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER, NOTIFY M	CAUSE OF DEATH				State of the last						
	Month, Day, Year	20d. IN	IJURY OCCURRED	20e. PLA	CE OF INJURY (Home, form,	20f. (City 6	or town)	(Caur	ity)	(Stote)	
20c. TIME OF INJURY Hour a.m. p. m.	19	While at wark	Nat while	fact	ary, street, office bldg., etc.))		555			
				-	1-18	To	11-2	[1	. 0		
	(I) (this haspital)	ottend	/ ./		1035	2=/i.to	11		that (I)		
sow the deceose	d alive on Z	11	19 <i>Of.</i> , and	that de	eoth occurred of/UR	M, from t	he couses on	d an the de		d abave.	
220. SIGNATURE	men I	Nos	hest		ATTENDING ME	D. RECTOR [STAFF PHYS.		1,	SIGNED	
22c. PHYSICIAN'S	1000		1	٨	1.D. PHYS. DIR	RECTOR [_]	PHYS.		11-	7-19	
NAME (Type)	homas F.	He	rbert, M	(.)	Ellicott	Cot	y Mas	y land			
23a. BURIAL, CREMATION	, 23b. DATE THEREOF		23c. NAME OF CEME	ETERY OF	CREMATORY	23d. LOCATIO	ON (City, town, o	or county)	(Sto	ite)	
REMOVAL (Specify) Burial	11/6/1961	-	Baltimore	Nat	ional	Ba	ltimore,	Md.		- 1	
24. FUNERAL DIRECTOR'S	SIGNATURE	2	ADDRESS			BY REGISTR	AR 25b. REGIS	STRAR'S SIGNA			
Gaston)	Euneral	14.	Cato	nsvi	lle, Md. DATE NO	N 6 '6'	1 an	Thun S. H	aug.		

after death. Page 4 it by the funeral directar, and 2 shauld be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hau D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 F may be received by the haspital ar attending physician.

D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO FUNERAL I

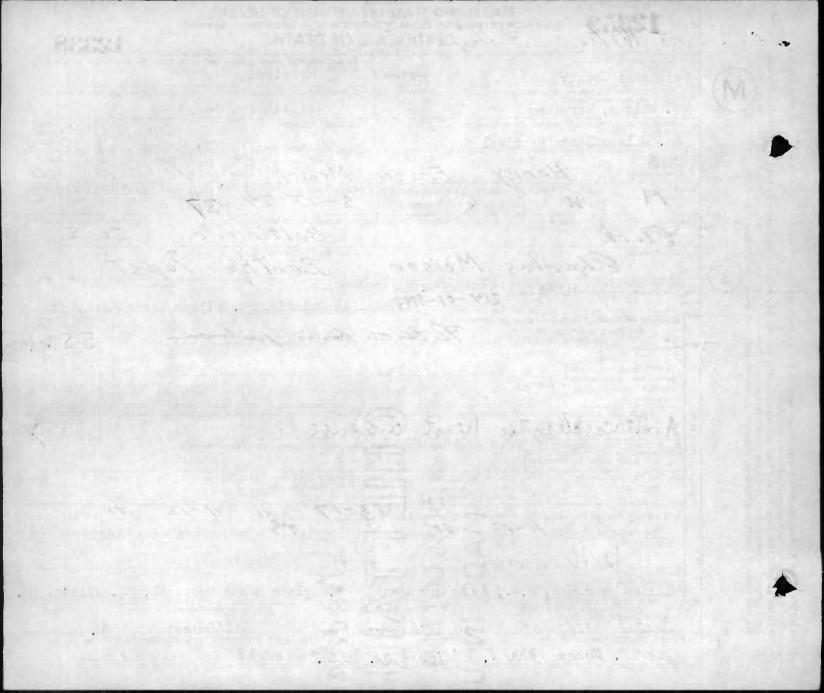
VR A15 (4) 15M 9/59

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BALTIMORE 1, MARYLAND USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) T. PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pages filled . IS RESIDENCE ON A FARM? YES NO complete 3. NAME OF Middle DECEASED OF (Type or print) DEATH 5. SEX AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH physician and c e remove carbor last birthday) Months Hours remove 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (Ifyesgivewerordetesofservice 18. CAUSE OF DEATH [Enter only one cause per line for INTERVAL BETWEEN signed by ART I. DEATH WAS CAUSED BY AMMEDIATE CAUSE (a) the burial-transit DUE TO aftending monary o been Conditions, if eny, which gave rise to immediate ceuse DUE TO (e), steting the underlying certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY hospital as PERFORMED? 0 NO I 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work DIRECTOR: 1956, to Now 2 7, 196/, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on...../ 160 19.6. 220. SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. aus TO FUNERAL I 22d. ADDRESS 22c. PHYSICIAN'S NAME OF CEMETERY OR CREMATORY (Stete 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) Comment S. Thomas 15M 9/60 DATE

EL LENGY BY ABOVE BY X ENTRY LINE STATES OF CONTRACA DELLA TOTA ARROWN CONTRACTOR OF THE PROPERTY OF THE P Markey! CHAIR SENERGER SHOPERS POPPLIER STAND Commence of the commence of the state of the WILLIES HOLEDWONESON ACKED certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT TO DELATE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any to y is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Helith, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH								
a. COUNTY Baltimore	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before educises. STATE b. COUNTY							
MARYLANI								
b. CITY OR TOWN (if outside corporate limits, write RURAL end give necrest town) c. LENGTH OF STAY IN 1								
	Paltimone VICI-I							
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Baltimore d. STREET ADDRESS							
Woods, Benson and Knecht Avenues	2400 N. Charles St.							
3. NAME OF First Middle	Last 4. DATE Foundmonth Dey Year							
(Type or print) William Emmet	OF DEAMY							
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Mella Jr. November 8, 19 61 8. DATE OF BIRTH 9. AGE (In years IF UNDER 24 H							
Male White WIDOWED DIVORCED	July 17, 1922 last birthday) Months Days Hours M							
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUN							
done during most of working life, even if retired) Laborer Various								
13. FATHER'S NAME	Raltimore, Md.							
William E Melia, Sr.								
	Helen M Schmidt							
(Yes, no, or unkown) (Ifyes give wer or detes of service)	. INFORMANT Address							
	John V W. Melia 2400 N. Charles St.							
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),]	INTERVAL BETWEE							
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Gunshot wound of	ONSET AND DEATH							
	11980							
6 DUE TO								
Conditions, if eny, which (b)								
(e), steting the underlying DUE TO								
ceuse lest. (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO							
	PERFORMEI YES X NO							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING COURTED CAUSE OF DEATH.	. (Enter nature of Injury In Pert I or Pert II of item 18.)							
	PLACE OF INJURY (Home, farm, 20f. (City or town) Barbol. (Stete							
6:30p.m. 11/8 1961 While et work et work Fou	ectory, street, office bldg., etc.)							
21. I certify that I took charge of the remains described above,								
death resulted from: Natural causes . Accident . Su	uicide X, Homicide , Undetermined manner							
\mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L} \mathcal{L}	CHIEF MEDICAL EXAMINER							
SIGNATURE SIGNATURE SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER TO DATE SIGNED							
EXAMINER'S	DEPUTY MEDICAL EXAMINER							
NAME (Type) HOWARD G. SHAUB, M.D.	Address (Street, city, town, or county) 11/9/61							
26. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY								
Burial Nov. 20, 1961 Baltimore								
23. FUNERAL DIRECTOR ADDRESS	24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE							
Wm. Cook, Inc. 1217 St. Paul St.	DATE NOV 2 0 61 Octor &							

DECEMBER 1 A MARKET K. K. AND AND THE PERSON OF THE PERS and the solutions of the broke to the THE HEALT .- LET WITH . CHEEK !- WE CHEEK !! . DATEST DE A PART OF THE PARTY OF THE PART CHAN PLOT IN THE STREET OF THE STREET THE RESERVE THE PARTY OF THE PARTY. Court County Cou

FOR STATE HEALTH DEPT.

TO DEP AT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any py is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Legalth, or its designated agent, prior to burial, cremation, or removal, and in any effort within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ABOUT 12340

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
a. COUNTY	a. STATE b. COUNTY P. 7.1.
Baltimore MARYLAN	MAL VIGILL
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	1b c. CITY OR TOWN (If outside corporate limits, writa RURAL and give nearest town)
Baltimore Life	2V11-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS 0. IS RESIDENCE
831 Brunswick Road	3909 Northern Parkway
3. NAME OF First Middle	Last 4. DATE Month Dey Yeer
	edith OF DEATH 11 5 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED X DIVORCED	3-14-1873 lest highlight Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
Housewife Housewife	Balto Co Perry Hall USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
IS. FAIRER S NAME	
William Billingsley	Ella Gambrill
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1	7. INFORMANT Address
(Yes, no, or unkown) (If yes give wer or detas of service) No	Mrs Ruth Uhl 931 Renfrew Road 21
NO 18. CAUSE OF DEATH [Enter only one cause-per line for (a), (b), end (c).]	
	O- ONSET AND DEATHS
PART I. DEATH WAS CAUSED BY: Cerebral Cas	eular accedent il week
443 X DUE TO (1 - 1)	
(3 do since le atr	e Hypertensive Cardinasulgiseer 20 years
Conditions, if any, which averise to immediate cause	flores or years
(a), steting the underlying DUE TO	
cause last.	
	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
	PERFORMED?
	YES NO P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 20b. EXTERNAL CAUSE WAS PRIMARY — or CONTRIBUTING — CAUSE OF DEATH CAUSE OF	D. (Enter natura of Injury In Part I or Part II of Item 18.)
0 200	PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	fectory, street, office bldg., etc.)
Polito V/ Depend Depend	
21. I certify that I took charge of the remains described above	, held an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes . Accident . S	Suicide , Homicide , Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL Offer U Con worth	
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINER'S	DEPUTY MEDICAL EXAMINER D
NAME (Typa)	Address (Street, city, town, or county)
228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, lown, or country) (Stata)
REMOVAL (Spacify)	Dalliana Manual and
Burial 11-8-1961 Parkwood Cer	metery Baltimore Maryland
23. FUNERAL DIRECTOR ADDRESS	NOV 7 '61 Cirthur S. Haus
Tassaly Funeval Home 7401 Belain	Real DATE
- MANUAL HOLLE IN THE TANK	1434

BY A PARTY ASSOCIATION OF THE PROPERTY OF THE PARTY OF TH DEFAULT OF STANDING DESCRIPTION OF STANDING OF STANDIN A SECURITION OF THE PARTY OF TH

					STATE	DEP	ARTMENT OF				
		STATISTICAL	RESEAR	CER	D RECOR	DS,	OF DEATH	V STREET	, BALTIMORE	1, MARY	LAND
	16	355	Tte	10	Film (11/27/61	iwlt		234	1
	LACE OF DEATH							NCE (Where			ence before edmission)
Baltimore MARYLAND						•. STATE Mar	yland	b, COUNT	Barrie	/ Comit	
	CITY OR TOWN (if	outside corporete limi	ts,	c. LENG	TH OF STAY	IN 15	c. CITY OR TOWN	(If outside c	orporete limits, write	RURA! d giv	re nearest town)
Cations VIIIe 3yrlmth18dys						Cockeysy		Md/ Balt	imore	3101-1	
		AL OR INSTITUTION (street address	;)	d. STREET ADDRES		016 111.31		a. IS RESIDENCE ON A FARM?
Spring Grove State Hospital 3. Name of First Middle					Masonic/				YES NO		
	DECEASED	First			Middle		Miller	4. DAT	W. M.		ay Year
	(Type or print)	Flore			E.			DEA	2.0.	ember	14 19 61
5.	SEX	6. COLOR OR RACE	7. MARRIEI	D NEV	ER MARRIED	□ ⁸	. DATE OF BIRTH		9. AGE (In yeers last birthday)	Months Dey	
	F	W	WIDOWE		DIVORCED		6-24-1880		81 yrs.		
10e	. USUAL OCCUPATION of work	ON (Give kind of work king life, even if retire Les Lady & F	10b. KI	ND OF BU	SINESS OR IN	NDUSTR	Y 11. BIRTHPLACE (Co	unty & State,	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
		les Lady & F	ostes	S			Maryl			U	.S.
13. FATHER'S NAME					14. MOTHER'S MAIDE	-					
	Louis Spice	S					Mary St	engre			
		R IN U.S. ARMED FOR		SOCIAL S	ECURITY NO.	17. 1	NFORMANT		Address		
	No			9-10-	1509	Re	cords: Spr	ing Gr	ove State	Hospit	al
		EATH [Enter only one	ceusa per li	ne for (e),	(b), and (c).)						INTERVAL BETWEEN
		WAS CAUSED BY: MMEDIATE CAUSE (0)	Te	rmina	al pneu	mon	ia				
	1 12	DUE TO									
	Conditions, if eny,	1-1.	Art	erios	clerot	ic	cardiovascu	lar di	sease		
	geve rise to immedie (a), steting the un	DIJE TO									
	ceuse lest.	(c)	Gen	caliz	ed art	eri	osclerosis				
No.	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING	TO DEATH	BUT NO	T RELATED TO THE TERM	MINAL DISEA	SE CONDITION GIVE	N IN PART 1(a	19. WAS AUTOPSY PERFORMED?
Y											YES NO K
CERTIFICATION	200. ACCIDENT WA		20b. DES	CRIBE HOV	W INJURY O	CCURED	. (Enter netura of injury i	in Pert I or Pe	rt II of item 18.)		
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
3	20c. TIME OF INJUR	Y Month, Dey, Ye				Oe. PLA	CE OF INJURY (Home, fe	erm, 20f. (City or town)	(County)	(Stete)
MEDICAL	Hour a.m.	19	While et worl			1001	ory, siteer, office bidg., e	10.)			
		at DK (this hospi	tal) attend	led the	deceased	from.	Sept. 26	18058	Nov.	14. 1961	that (I) (we) last
	saw the decease	ed alive oNOV.	14	19	61. and	d that	death occured at.	M, fr	om the causes a	nd on the	date stated above.
71	22a. SIGNATURE	^	1.	A .				Cl. o			22b. DATE
		Sulla	Word	liste	N	м	ATTENDING PHYS.	MED. DIRECTOR	PHYS.	11-	L4-61 SIGNED
	22c. PHYSICIAN'S	O TONO		V-V-			22d. ADDRESS	Spring	Grove St	ate Hos	mital
	NAME (Type)	Stella Wa	chsle:	r, M.	D.				ville, Ma		1
238	. BURIAL, CREMATIC	ON, 236. DATE THE	REOF	23c. NA	ME OF CEM	ETERY	OR CREMATORY		OCATION (City, tow		(Stata)
	BURIAL (Specify)	11-16-6		Lou	don Pa	ark	Cemetery		Baltimore		
24	FUNERAL DIRECTOR	S SIGNATURE		A	DRESS			REC'D BY REC	GISTRAR 256. REG	ISTRAR'S SIGI	NATURE
V	Vm. Cook, Ir	ic., 1217	St. Pa	aul S	treet	, Zo	one 2	V 1 7 '6	1 anth	un S. Kras	·A

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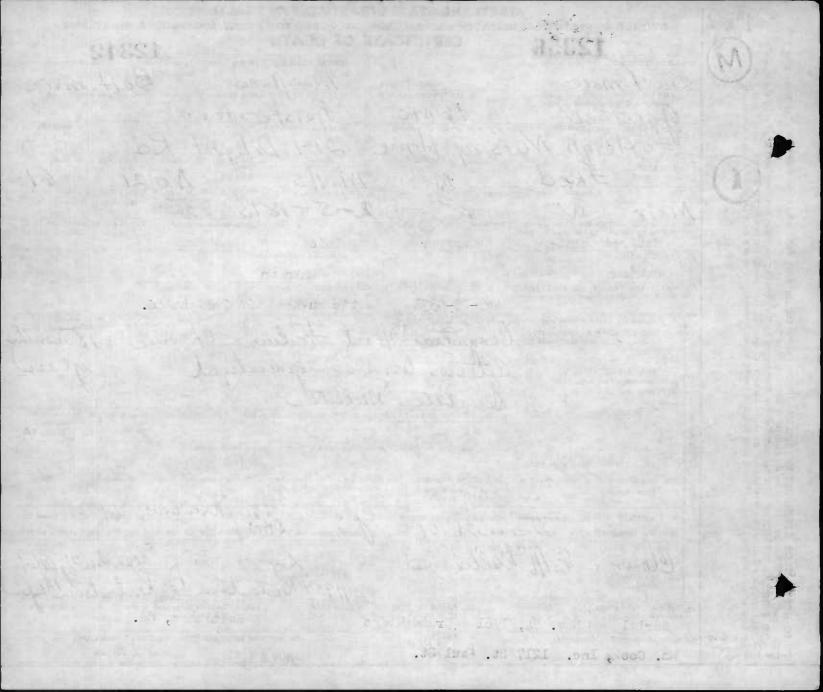
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 12356

12240

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Baltimore MARYLAND	o. STATE and b. COUNTY Bolt: more
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Carrison 16 MO.	X Relsterstown
d. AAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS . IS RESIDENCE
Forlaigh Newson House	214 Delant Rd VES NO T
3. NAME OF First Middle	Lest 4. DATE Month Dev Yeer
DECEASED (Type or print)	DA 11 OF
2 164	111,113 1/6021 1/61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last Airthdey) Months Deys Hours Min.
Male WIDOWED DIVORCED	2-3-1818 83 yrs.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY
Retired printer Newspaper	Onio
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyes give war or detes of service)	ertie Highes 214 Pelight Rd.
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c)	INTERVALBETWEEN
PART I. DEATH WAS CAUSED BY:	onset and Death
IMMEDIATE CAUSE (0) Congestive He	ast Pailine Chronic 18 month
260X DUE TO 0-1	1 1 1
Conditions, if eny, which \ (b) Urlervosclervo	is - generalized years
geve rise to immediate ceuse (e), steting the underlying DUE TO	1. 11 th
cause lest. (c) Alcallelles Y	Mellilas
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ATK	YES NO 54
	D. (Enter neture of injury in Pert I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)
Hour e.m. WhileNot While	ctory, street, office bldg., etc.)
p.m. 19 et work et work	1 Marchalla
21. I certify that (I) (this hospital) attended the deceased from	
saw the deceased alive on land that 19.6 and that	death occured a M.M., from the causes and on the date stated above
2290 SIGNATURE ONCOLON	ATTENDING MED. STAFF SL 22b. DATE
(Uhrense & 11 Williams)	M.D. PHYS. DIRECTOR PHYS. Phys. 1961
22c. PHYSICIAN'S	22d. ADDRESS - A + PI / A - / M
NAME (Type)	1190 & Kerolerstown of Cerolerstein Marle
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
REMOVAL (Specify) Burial Nov. 24, 1961 Druid Ridg	Baltimore, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Wm. Cookk Inc. 1217 St. Paul St.	DANOV 2 4 '61 China S. Thomas
I THE OUTER THE TALL DO . THE	DARUT Z 3



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1235 POIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY Baltimore County AMARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admiss b. COUNTY b. COUNTY b. COUNTY	ian)a
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Mt. Wilson, Maryland	3-
1361 1764 01 1 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DENCE FARM?
DECEASED CHARLES AND DE OF	Year 19 6/
S. SEX M 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 19 AGE (In years last birth day) Months Doys Hours WIDOWED DIVORCED 1.23 1935 9. AGE (In years last birth day) Months Doys Hours	Min.
10a. USUAL-OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT C	OUNTRY?
13. FATHER'S NAME WILLIAM MONROE 14. MOTHER'S MAIDENVIAME ROSALE WASHINGTO	N
(Yes, no. or unknown) (If yes, give wor or dates of service) 220-30-4935 Hospital Records, Mt. Wilson State Hospita	1
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO INTERVAL BE ONSET AND	TWEEN
Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last. (b) DUE TO	XW
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS PERFORM. YES	AUTOPSY PRMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
Zoc. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 View Not while at work at wor	(State)
21. I certify that (I) (this haspital) attended the deceased fram 10.31. 1961, ta 11.18, 1961, that (I) (saw the deceased alive an 11.18, 1961, and that death accurred a 13% fram the causes and an the date stated	
	SIGNED
Wm. New comer, M.D., Superintendent 22d. ADDRESS Mt. Wilson State Hospital, Mt. Wilson	, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State REMOVAL (Specify) 11-22-1961 Ruse Hill Emetery Md.	e)
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS DATE NOV 2 2 '61 Circling & Hagnetown and Date NOV 2 2 '61 Circling & Hagnetown	

as a few calls of the second o proposition of the first series. State Just the Jack to Fig. SE CHAPLES TELL MONROE WAS AND THE Mary Land WILLIAM MONROE ROSALIE WASHINGELIE tarles and a state of the state The second control of the second second second second second constitution of the standard of the second The participant the Hill Country Hadenstream mide TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 hours after death. Page 4 may be received by the haspital or attending physician.

TO FUNERAL GIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in ony event within 72 hours after death.

090

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12358

CERTIFICATE OF DEATH

Reg.	Dist (No)	24

	PLACE OF DEATH o. COUNTY	Baltimore		MARYLANI	2. USUA o. ST	L RESIDENCE (WHATE Virgi:	nere deceased	lived. If institut b. COUNTY		before ad	dmission)
	b. CITY OR TOWN (IF	autside carporate lim arest tawn) BOX	ts, write	c. LENGTH OF STAY IN 11		P Ellsw					
	OR INSTITUTION	AL (If not in hospitol, g				REET ADDRESS	A D	83 X.) 0	RESIDENCE ON A FARM?
1 3	NAME OF	onvalescen Fi			1179 1	<u>Arrison</u>		alto-20			
	DECEASED (Type or print)	Fa	nnie			lost Moore	4. DATE OF DEATH	No		Day 10	Yeor 1951
	sex Female	6. COLOR OR RACE	7. MARR	DIVORCED		t 18,1882	2	. AGE (In years last birthday) yrs.	Months [INDER 24 HRS.
	. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR IN		SIRTHPLACE (Stole				S.A.	HAT COUNTRY?
13.	FATHER'S NAME					THER'S MAIDEN N			1		
1	Charles D	oyle			Unknow	n					
is.	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	7. INFORMAN	IT		Add	lress		
100	NO (If yes, give wor or dates of s		one M	rs. R.	Gocha	r 2604	Amble	r Rd.	22,	Md.
CERTIFICATION	Canditions, if on gave rise to in case (a), stoting t lying cause last. PART II. OTH 20a. ACCIDENT WA: OR CONTRIBUTING (IF EITHER, NOTIFY)	he under- construction of the under-construction of the under- construction of the under-construction	DITIONS C	CONTRIBUTING TO DEATH E		TED TO THE TERMI	NAL DISEASE (PE	AS AUTOPSY REFORMED?
MEDICAL CE	(IF EITHER, NOTIFY I 20c. TIME OF INJURY Haur a. m. p. m.		While	Not while		JURY (Home, form t, affice bldg., etc		r Iown)	(Co	ounty)	(Stole)
220	ACTUAL SIGNATURE	orge M Bar 12b. Date THEREC 11-12-1	195 umcar	gardne	M.D.	8552 Pb	ADDRESS (Sire	the causes of th	and on the slote)	6, Ma	DATE SIGNED Tylend Stole)
	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS PAVO. 22, M		24a. REC'I	D BY REGISTRA OV 1 3 '6	R 24b. REGI	STRAR'S SIGN	NATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

	12360 CERTIFICATE OF DEATH
1	PLACE OF DEATH COUNTY Baltimore County MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE AND b. COUNTY WICHMICO
	b. CITY OR TOWN (If outside carporate limits, write rural ond give nearest town) SALISBURY 2212-2
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Mt. Wilson State Hospital d. STREET ADDRESS East RoAD e. IS RESIDENCE ON A FARM? YES \(\sigma \) NO \(\sigma \)
3	NAME OF DECEASED (Type or print) VIRGINIA NETTE MOORE 1. Day Year 20 1961
L	6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED B. DATE OF BIRTH Property of the pro
	0a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign caupity) 12. CITIZEN OF WHAT COUNTRY during post of working life, even if refired) 0. S.A.
	ZORAH MOORE MARY S. FURR
15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address 217-12-447 Hospital Records, Mt. Wilson State Hospital
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
	Conditions, if ony, which) (b)
	gave rise to immediate cause (o), stoting the <u>under:</u> lying cause lost. DUE TO
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CEDTIE	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICA	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 of work at work at work at work at work.
	21. I certify that (1) (this haspital) attended the deceased fram. $9 - 2 + 1961$, to $11 - 20 - 1961$, that (1) (we) lass with deceased alive on $11 - 20 - 1961$, and that death accurred at $10 - 20$, from the causes and an the date stated above
	22a. SIGNATURE M.D. ATTENDING MED. STAFF SIGNE PHYS. DIRECTOR IN PHYS. H12016
	22c. PHYSICIAN'S NAME (Type) William Newcomer, M.D., Superintendent. Wilson State Hospital, Mt. Wilson, Md
	230. BURIAL, CREMATION, 23b. DATE THEREOF 230. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) BURIAL (Specify) 11-23-61 CREEN ACRES CEM. SALISBURY MA.
12	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DATE OV 2 4 '61

Chilling S. Frank

TO HOSPITA VR A15 (4) 15M 9/59

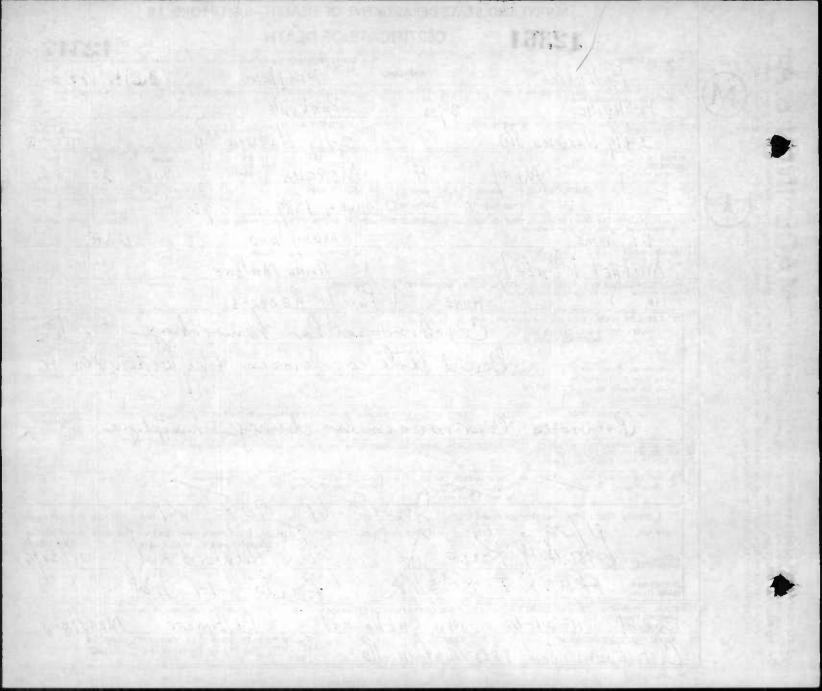
La francisco de la marife del garconos de ference que en la ference

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12361 CERTIFICATE (

OF DEATH		Reg.	Dist.	(No.) 17	13	my
					LF 150	
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1.	PLACE OF DEATH		MARYLAND	o. STATE	DENCE (Where o		. If institution b. COUNTY	n: Residence b	efore odmi	ssion)
-	b. CITY OR TOWN (If outside carporate limit RURAL and give nearest flown)	s, write c. LENG	GTH OF STAY IN 1b	-	TOWN (If outsid	le corporote li	mits, write RU	JRAL ond give	nearest toy	vn)
	d. NAME OF HOSPITAL (If not in hospitol, gi OR INSTITUTION 2419 HAKWOOD	ve street oddress)	3 yrs	d. STREET A	DDRESS	wood /)		ON	SIDENCE A FARM?
3.	NAME OF Firs	481/	Middle	MARC	1 4.	DATE OF DEATH	Mont	1 -	Day 7	Year 196/
5.	SEX 6. COLOR OR RACE		NEVER MARRIED	8. DATE OF BIRT		9. AC los	E (In years t birthdoy)	IF UNDER 1 Y		DER 24 HRS.
	n. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)		F BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (State or fo)	0	12.CITIZEN	H,	COUNTRY?
13.	MICHAEL V. GALE	=//		14. MOTHER'S	MAIDEN NAME	LONE				
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCE, no, or unknown) (If yes, give war or dates of se	CES?/16. SOCIAL (VICE)		FUMILI	RECOR	ens	Addr	ess		-
	18. CAUSE OF DEATH [Enter only one caused PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate couse (a), stating the under-		A	rioscl	erosi	emor	reje	erten.	NTERVAL E	BETWEEN DEATH
CERTIFICATION	PART IN OTHER SIGNIFICANT CONE PART IN OTHER SIGNIFICANT CONE 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	. Cerel	UTING TO DEATH BUT	relor	clarine	rge a	hemif	EN IN PART 16	19. WAS PERF YES	ORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor Place OF INJURY (Home, farm, 20f. (City or town)) While Not while at work at work at work at work at work.								(Cour	nty)	(State)
	21. I certify that I attended the alive an AI 20 ACTUAL SIGNATURE PHYSICIAN'S FRANK NAME (Type)	[1	n June , and that death	accurred at	/	from the c	causes and	that I last that I have the d	ate state	
22	8 BURIAL, CREMATION, 22b. DATE THEREO REMOVAL (Specify) 11-24-	/ .	AME OF CEMETERY O	R CREMATORY,	22d	BALLIA	City, town, a	r county)	ary/K	ate)
23.	FUNERAL DIRECTOR'S SIGNATURE	8807/	paress 1	B	24a. REC'D 8Y NOV 2	REGISTRAR 4 61		TRAR'S SIGN		



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

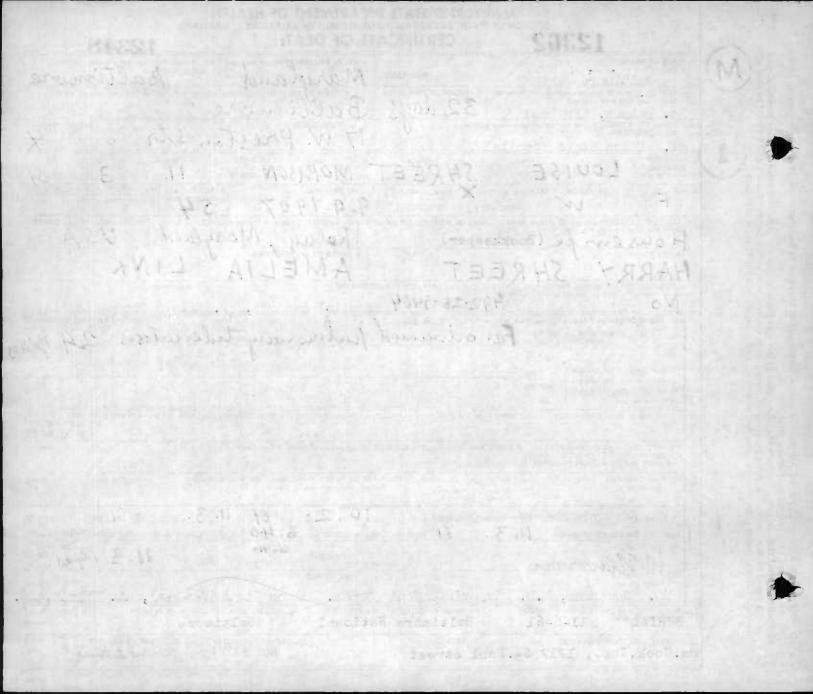
12362CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Wilson, Maryland d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Wilson State Hospital NAME OF DATE OF DEATH Middle Month Day Year DECEASED (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 8. DATE OF BIRTH last hirthday) Months Days WIDOWED | DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY dyring mast of warking life, eyer if retired) 12. CITIZEN OF WHAT COUNTRY? (Bookkeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Wilson State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gove rise to immediate DUE TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work 21. I certify that (I) (this haspital) attended the deceased fram. 19_62, that (I) (we) last 19 , and that death accurred at a first am the causes and an the date stated above. saw the deceased alive an_ 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED STAFF PHYS. PHYS. M.D. DIRECTOR [wame 22c. PHYSICIAN 22d. ADDRESS NAME (Type) Newcomer Superintendent Wilson State H Ospital 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) BURYA (Specify) 11-6-61 Baltimore National Baltimore 24. FUNERAL DIRECTOR'S SIGNATURE 25h REGISTRAR'S SIGNATURE 25o. REC'D 8Y REGISTRAR Wm. Cook, Inc., 1217 St. Paul Street NOV 6

DATE

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with director, after death. Page filed funeral be should the N pup filled Pages death. letely ofter papers. campl haurs and carban physicion with attending a thot the one by s been signed by I-transit permit. removo burial-transit haspital or attending physician 5 crematian, certificate has the SD use to bu After this 0 far detached DIRECTOR: Board shauld FUNERAL Sage 3 shau page 3 sh the State 0 VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 19249

		1.7
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Res	
Baltimore MARYLAND	Maryland Prin	ce George
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end g	ive neerest town)
Catonsville lmthlodys	Hyattsville, Maryland 165	6.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streef eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Spring Grove State Hospital	1408 Merrimac Drive	YES NO
3. NAME OF First Middle DECEASED	Lesf 4. DATE Month	Dey Yeer
(Type or print) Crother Horatio	Moseley DEATH November	8 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YE	
M WIDOWED DIVORCED	5-28-89 tast birthdey) Months De	ys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR		N OF WHAT COUNTRY
done during most of working life, even if retired) Steamfitter Plumbing	Virginia U.	S.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Malcolm Moseley	Ann Cardin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice) 478-67-9565A	Records: Spring Grove State Hosp	ital
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Bronchopneumonia;	terminal	2 Weeks
1491X DUE TO	SAN SERVICE ALL COMPANIES	
Con Patricia Mariana M		
geve rise to immediate cause		
(a), steting the underlying DUE TO	THE RESERVE OF THE PARTY OF THE	
(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16	e) 19. WAS AUTOPSY
Total haming and the semahard we down		PERFORMED?
Left hemiplegia due to cerebral vascul 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Pert I or Pert II of item 18.)	113 44 10
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO LONG TO BEATH BUT NO COURED OF CONTRIBUTING TO BEATH BUT NO COURSE OF BUT NO CONTRIBUTING TO BEATH BUT NO C	, (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
	CE OF INJURY (Home, farm, 20f. (City or town) (County	(State)
Hour e.m. While Not While	ory, street, office bldg., etc.)	
	ont 18 (6) Nov 8 (6)	
21. I certify that (K (this hospital) attended the deceased from.		., that (I) (we) las
saw the deceased alive on NOV. 8 1961, and that	death occured afgM, from the causes and on the	date stated above
220. SIGNATURE Suila Wallister M	D. ATTENDING MED. STAFF	SIGNED
Steeless of the Control W	22d, ADDRESS Charing Charte Chate Ung	
22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D.	pbr.Tig grove prace nos	sbroar
22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D.	Catonsville, Maryland DR CREMATORY 23d. LOCATION (City, town or county)	Spt bat 1
22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. 23c. MARCA, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Catonsville, Maryland DR CREMATORY 23d. LOCATION (City, town or county)	
22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. 23c. ANDRAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	Catonsville, Maryland OR CREMATORY 23d. LOCATION (City, town or county) CREMATORY Suithard, M	(Stete)

TO HOSIT FAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed thin 24 hours after a death.

4 may be retained by the hospital or attending physician.

7 TO FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely miled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ithin 24 hours after

1- 41 (. . . . 1:445 This can be selected by the selection of the selection of the 1-10-10 to .T. C. CHETTON ALLOW

CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b in . Pages papers. NAME OF DECEASED (Type or print) carbon and WIDOWED 10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired) Wheel 13. FATHER'S NAME

18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b),

2. USUAL RESIDENCE (Where daceesed lived, If institution: Rasidenca before edmission)

STREET, BALTIMORE 1, MARYLAND

YES NO

Month DEATH IF UNDER 24 HRS. 9. AGE (In yeers | IF UNDER 1 YEAR last birthdey)

12. CITIZEN OF WHAT COUNTRY?

Souders

DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO anteriosclerausis geve risa to immediate cause

PERFORMED? NO

20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.)

20e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

20c. TIME OF INJURY Month, Dey, Yeer Not While Hour a.m. at work at work

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) fectory, street, office bldg., etc.)

(Stete) (County)

21. I certify that (I) (this hospital) attended the deceased from new 10 he deceased from 126-00 10 1961, to 120-019 1961, that (I) (we) last 1961, and that death occured at 1961, from the causes and on the date stated above. 19.6.1, that (I) (we) last saw the deceased alive on nev 22e. SIGNATURE SIGNED ATTENDING

22c. PHYSICIAN'S NAME (Type)

22d. ADDRESS

(State) 23d. LOCATION (City, town or county)

24 FUNERAL DIRECTOR'S SIGNATURE

23a. BURIAL, CREMATION, 23b. DATE THEREO

(Yes, no, or Arkett

CERTIFICATION

ADDRESS

Colmar Manor, 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

PHYS.

Francis Gasch's Sons

Hyattsville, Maryland DATE NOV 21 '61

23c. NAME OF CEMETERY OR CREMATORY

Ft. Lincoln

aritury & Times

Md.

signed by the use as the director, per be filed wi VR A15 (4) 15M 9/60

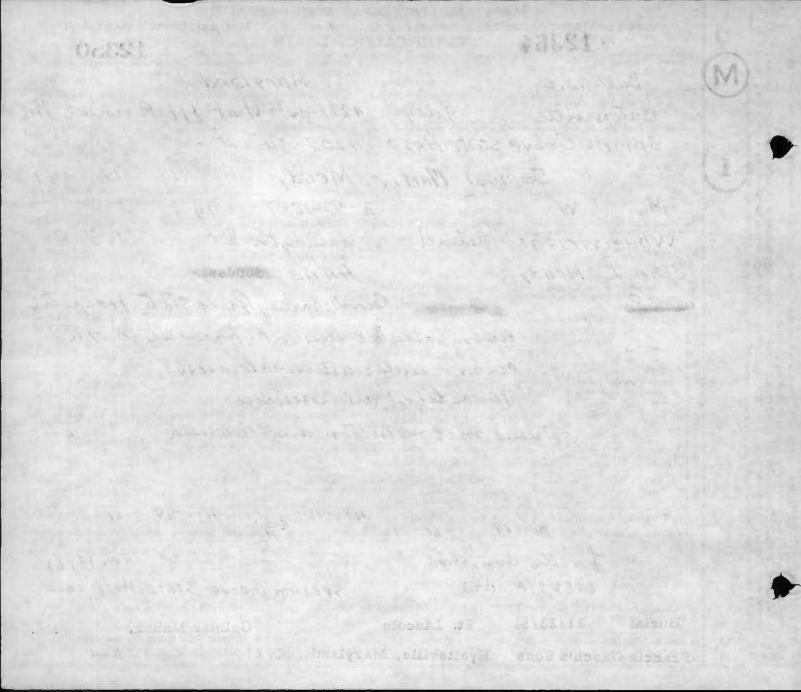
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physician





YLAND STATE DEPARTMENT OF HEALTH ECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR MEDICAL EXAMINER'S CERTIFICATE OF DEAT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY in pencil in Item 18. Give Pages 1, 2, and 3 to the funcial director. Page Office along with form PM3. Page 5 may be retained for your files. pural-trensit permit. File pages 1 and 2 with the State Board of Health, loval, end in any event within 72 hours after death. is necessary, BALTIMORE MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) TOWSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO NAME OF Middle an DECEASED (Type or print) DEATH 19 601 AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. lest birthdey) Months Deys Hours WIDOWED DIVORCED O yrs. IDe. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3, Page burial-transit permit. File pages 1 and moval, end in any event within 72 | done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO removal, Conditions, if eny, which (b) cute the certificate, writing the word "pending". Se forwarded to the Chief Medical Examiner's (geve rise to immediate ceuse 10 DUE TO (a), steting the underlying as 0 cause lest. pe nseq cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO plnods 2De. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) age 3 shout to burial, o PRIMARY TI or CONTRIBUTING TI EXAMINER: CAUSE OF DEATH. forwarded to the Chief L DIRECTOR: Page 3 MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) 0 fectory, street, office bldg., etc.) While Not While Hour a.m. at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion agent, Natural causes Accident Suicide death resulted from: Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 206 Yo, RK RD Time win M. Address (Street, city, Jown, or county) NAME (Type) DE 9569 222 BURIAL, CREMATION, 22b. DATE THEREOF OR CREMATORY 22d. LOCATION (City, town, or country) 0 940 6 24e. REC'D BY REGISTRAR L VS. A15ME DATE NOV 2 5M 7/59

Landi a di a se madam e minuada da deserba i antesi The same of a state of Vital Vital The American Control GA XXII AS OF 18 2 CONTRACT TO THE THEORY 4 is a streament wasserie want to be a set PLANCE MERKER the same of the fact of the same of the sa TOTAL HAM BEET OF SONT ALL & THE PERSON OF THE THE SONT AND THE

STREET, BALTIMORE 1, MARYLAND 12366 CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY MARYLAND b, CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerast town) 므 Pages ed a. IS RESIDENCE ON A FARM? YES NO MONDSON etely 3. NAME OF DECEASED (Type or print) DEATH AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE lest birthdey) and WIDOWED DIVORCED physician remove 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service MRS LOLA LEWIS, 5901 EDMONIDSON AUE 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: EEREBRAL UBSCULAR PERPO IMMEDIATE CAUSE (e) the burial-transit DUE TO MENTEWSING ARTSDIVSCIENTIL OPENN gave rise to immediate cause ecupie arrepse DUE TO (a), steting the underlying NULMINORY EDOMA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY certificate hospital PERFORMED? Sign 0 NO E 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter netura of injury in Part I or Part II of itam 18.) (Stata) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) Month, Dev. Yeer While factory, street, office bldg., etc.) Not While et work at work DIRECTOR: 22b. DATE 220. SIGNATURE SIGNED DIRECTOR PHYS. director, page be filed with th FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. REMOVAL (Specify) TO BURIAL REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE NOV 3 0 '61 FIDIR, 4101 EDMONDSON AUE, 15M 9/60 Urhing S. France

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VR A15 (4) 15M 9/59 12367

MARYLAND STATE	DEPARTMENT OF HEALTH
ISION OF STATISTICAL RESEARCH	AND RECORDS - BALTIMORE 1, MARYLAN
CERTIFIC	ATE OF DEATH

	144	3414	Televi	- 12 C	ERTIFIC	AIE	OF DE	AIH			12	35"	2	
1. PLACE OF D	EATH			1 1 2 2			USUAL RESID	ENCE (Who	ere deceased	lived. If inst		ence befar	e admissi	on)
		Baltim	ore		MARYLAN	ND	Mo	i.		B. CO01		imor	0	
b. CITY OR	TOWN (If a	outside corporate		c. LENGTH	OF STAY IN	1b	c. CITY OR TO		utside corpor	ote limits, wri				
		Parkv	ille				X	Par	kvill	e				
OR INSTI	TUTION	(If not in hospite		oddress)			d. STREET AD						e. IS RESI ON A	FARM?
88	307 E	aker S	t.	Tellan o			8807	Bak	er St				YES 🗌	NO 🗌
3. NAME OF DECEASED (Type or prin	nt) Tos	ephine	First NI 4 Ox	viador	Middle		Last		4. DATE OF DEATH	Nov	Month 7.9	Do:		ear 9
5. SEX		S. COLOR OR RA			ER MARRIED	B D	ATE OF BIRTH			9. AGE (In ye	ors IF UND	ER 1 YEAR	IF UNDE	R 24 HRS.
	-					_	TIE OF BIRTH			last birthdo	y) Months	Days	Hours	Min.
Fema	le	White	WIDOW	-	DIVORCED [_ N	ay8. '	71						
during mas	st of workin	(Give kind of war g life, even if ret	ork dane 10b. ired)	KIND OF BU	ISINESS OR II	NDUSTRY				untry)	12.0	U.S.		OUNTRY?
	use	Wife						olar				0.0.	A.	
13. FATHER'S N	IAME					14	. MOTHER'S	MAIDEN N	AME					
		Golator	The state of the s				1 9	Ur	ık.	-	XII.			
15. WAS DECEA		N U. S. ARMED yes, give war or date		SOCIAL SEC	URITY NO.	17. INFOR	MANT				Address			
		No				Cl	emanti	ne (rons	ki 880)7 Ba	ker_	St	
1B. CAUSE	OF DEATH	Enter anly an	e cause per li	ne for (o), (b), and (c).]	1	1	0 .	1/x	7 /	11 -		RVAL BET	
PAF		WAS CAUSED I				X	ener	liza	ed ox	yout	Show	alans	ETAND	DEATH
2	02.1	DUE		0	71		0	1	11	10-9	1		74.1	
	ins, if ony		(b)	w	un	m	orhi	d i	deb	ilele	ellos	ı		
	se to imi		\-/-	- (11	1		1	1).					
lying cau	, stating the	under-	(c)		Lene	2 4	res	ros	cle	rosi	A			
Z PAR	II. OTHE	SIGNIFICANTO	ONDITIONS	CONTRIBUTIN	TO DEATH	BUT NO	RELATED TO	THE TERMU	NAL DISPASE	CONDITION	GIVEN IN P	ART 1(o) 1	9. WAS A	UTOPSY
NO CONTR OR CONTR (IF EITHER,	00	1	evere	- X	Her	UM	reck	una	.60	se 1	your	e	YES [NO
20a. ACCID	DENT WAS	UNDERLYING DEA	20b. DES	CRIBE HOW	INJURY OCCU	URRED HE	nter nature of	injury in F	art I or Part	II of item 1B.) •		- 100	
	NOTIFY	EDICAL EXAMIN	ER)											
WEDICAL Hour		Month, Doy.		NJURY OCCU		e. PLACE	OF INJURY (H	ome, form	20f. (City	or town)	The life	(County)	-	(State)
WED Hour	a. m. p. m:	•	19 While	rk at wor	Tile	1001017	7	olog., elc.		. 1				
21. 1 cert	tify that	(I) (this hasp	ital) attend	ded the de	eceased fro	am	1/20	195	59. ta/	Vou	19	61. th	CIIV 1	we) last
saw the	dedease	d alive/on	#11	196	A and th	at deat	h/accurred	400		the causes	and an t	he date	stated	abave.
22 SIGN		- 61	INK	21		/								DATE SIGNED
	Ma	me	1.14	wilk	AN	M.D.	ATTENDING PHYS.	DII	D.	STAFF PHYS.			11	201
22c. PHYSIC	CIAN'S (Type)	2001	NT	- K	ACI	4	22d. ADDRES	s L	Lno	ra K	0	P	11	/
	1	-KAN	1	1	191	ス	700	17	1716	701		100	X ,	
23a. BURIAL, C	REMATION	23b. DATE THE	REOF	23c. NAM	OF CEMETE	RY OR CR	EMATORY		23d. LOCAT	TON (City, to	wn, ar county	y)	(Stote	2)
TEMOVAL .	(Specify)	1 00 1	30	34	de	10	par		100	les	-09 001	LR.		
24 UNERAL D	IRECTOR'S.	SIGNATURE	1	ADDRE	ss /	930	7	50. REC'I	BY REGIST		EGISTRAR'S			
Tre	col	V. U	300	Sear	216	Rosi	Terre	DATENO	/ 21 '61		A lumin	, round		114

e acti SHOW ET LAND Personally Literatura Tues 18/81 . 107 isanooniwnin amingasol remain a mile position of the state of and the second and provide Takes John 2000 on Littlement 7 / A Chaster and a release to the state of the THE RESERVE OF THE PARTY OF THE

TO HOS? ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

4 may be retained by the hospital or attending physician.

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and completely rifled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

12354

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
e. COUNTY BALTIMORE MARYLAND	o. STATE MP, b. COUNTY Raltimore
b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give naarast lown)
CATONSVILLE LIFE	X CATONSVILLE
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give streel address)	d. STREET ADDRESS o. IS RESIDENCE
HOUSE IN THE PINES, 16 FUSTING AUG	
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Dey Year OF
(Type or print) FLMA FE	IRSON DEATH NOVI 26, 196/
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	D. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
WIDOWED DIVORCED	ULY 4, 180/ 74/15.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE OWN HOME	MD: U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
VOHN FI NEW	C CRISI
	INFORMANT URS HELEN MELLENDICK
2	210 ROCKWELL AVE,
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY I HYPER fen si Ve	Caralo Jas calar
4-4-3 X DUE TO \(\dagger(22)\)	
Conditions, if eny, which (b)	1.1.
geve rise to immediate ceuse (a), steting the underlying DUE TO He had legislated the state of	- 11/1 0/0
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
5	YES NO
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	D. (Enter neture of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) tory, street, office bldg., etc.)
p.m. 19 at work at work	1 4/3//6/
21. I certify that (I) (this hospital) attended the deceased from.	192 to, that (t) (we) last
saw the deceased alive on	death occured 15.5.M, from the causes and on the date stated above.
22e. SIGNATURE	ATTENDING MED. STAFF
	A.D. PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS Fre derick Rd 28
	OR CREMATORY 23d, LOCATION (City, town or county) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY REMOVAL (Specify)	Para Aux
BURIAL NOU29/6/ LOVDON +	APA CENTY, SALTO, MID,
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	4
WITCHE, 4101 FOMONDSON	FUE, DATE MOV 3 0'61 Circhury S. Flours

TOUT IN THE PART THE THE AIR SALES AS CONTRACTAL CAR 12 229 HAMP - X - 34 18 Es 28 11 3 10 A TO STANFORD THE DESIGNATION OF THE PROPERTY OF THE PROPERT TO HOSTAAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

8 4 may be retained by the hospital or attending physician.

TO FUNDAAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH H AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12355

1	. PLACE OF DEATH o. COUNTY				CE (Where decessed lived, If		danca bafora admission)
L	Baltimo	re	MARYLAND	e. STATE Maryland	b. COUN		imore
	b. CITY OR TOWN (if	f outside corporata limits, giva naerest town)	c. LENGTH OF STAY IN 16		If outsida corporate limits, write		
	Fort Ho	ward	4 Days	Baltimo	re 22		
	d. NAME OF HOSPIT	AL OR INSTITUTION (if not in he	ospital, give street address)	d. STREET ADDRESS			a. IS RESIDENCE ON A FARM?
L	Votemen	s Administratio	n Hognital	/ 8103 Bed	echwood Road		YES NO
=	3. NAME OF	First	Middle	Last Dec	4. DATE Month		Day Year
Г	DECEASED (Typa or print)	DATIT		DITGIN	OF DEATH MOSSON		10 67
-	5. SEX	PAUL		PLISKO . DATE OF BIRTH	9. AGE (In years	per 17	19 61 AR IF UNDER 24 HRS.
		6. COLOR OR RACE 7. MARR	IED NEVER MARRIED		last hirthday)	Months De	
_	Male	White widow		June 26,191	.) 0		
	done during most of wor	ON (Giva kind of work king life, avan if ratirad)	KIND OF BUSINESS OR INDUSTR		nty & Stata, or foreign country)	12. CITIZE	N OF WHAT COUNTRY?
П	Soldier -	Retired U.	S. Army	Edenborn,	Pennsylvania	U.	S. A.
1	13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	John Pli	sko		Anne Red	us		
	15. WAS DECEASED EVE	R IN U.S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17.	NFORMANT	Address	78	Maryland
1	Yes		205-26-8849 m	nical Recore	TSTON, DELICINO	re 10,	Mararama
=		EATH [Enter only one cause per		T HOUSTED DAY	101011	ĺ	INTERVAL BETWEEN
	DARTI DEATH	WAS CALISED BY.				ONSET AND DEATH	
		IMMEDIATE CAUSE (a) BOST	terolateral Myo	cardial inta	12 Hours		
ı	420.1	DUE TO		17.11	Unknown		
ı	Conditions, if any		(b) Coronary Sclerosis				
	gave risa to Immadia (e), stating tha un					NOON	
Г	cause lest.	(c) Fati	ty Liver and He	patic Cirrho	Unknown		
1	PART II. OTHER		INTRIBUTING TO DEATH BUT NO			EN IN PART 1	
Ì	T Dellet	eral Bronchopne	almonia recent.	2. Cerebra	al Edema.		PERFORMED?
E	200. ACCIDENT WA		ESCRIBE HOW INJURY OCCURED				1 621
1	OR CONTRIBUTING	CAUSE OF DEATH		,,=,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			INTERNAL CONTRACTOR I CO. DIA	CF OF INTERVAL	1 204 /61	16	(64-1-)
Sidan	20c. TIME OF INJUI	RY Month, Day, Yaar 20d Whi	ila Not Whila fact	CE OF INJURY (Home, farr ory, streat, offica bldg., atc		(County	(Stele)
ı	21. I certify th	nat OK (this hospital) atte	nded the deceased from.	November 13.	161 to Novembe	r 1796]	that (We) last
L	the desert	November	17 19 61, and that	doub occured at A	M from the causes	and on the	date stated above
	22a. SIGNATURE	ed all ve dien	and mai	dedili occured disp.	willing thou the causes	and on me	22b. DATE
	12001	2. Kumo	M.D.		MED. STAFF		SIGNED
	22c. PHYSICIAN'S	mac Journa	M. M.	D. PHYS. L	DIRECTOR PHYS.		11/1/10
		TIAN RUSSO, M.D			ORE 18,MD.FORT	HOWART	DIVISION
-							
1	REMOVAL (Specify)	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City, to		(Steta)
	REMOVAL (Specify) Buria	11-21-61	Baltimore Nat	ional Cemete	ry Baltimore	20,	Maryland
1	4 FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS		C'D BY REGISTRAR 256. REG		
1	Mm. Cook-Bli	ght, Inc., 6009 H	larford Rd., Balt	0.14, Md .DATE	NOV 2 0 '61	Irilwa S.	Thank
-							

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November 17 61

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Monocyn, Pennsylvenia 8, 8. W.

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and completery filled in by the funeral carbon papers. Pages 1 and 2 should nt, whoin 72 hours after death. TO HOST ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed as death. S death. Younged and the lost of the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. S G director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

within 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12370 CERTIFICATE OF DEATH 12370 12356

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission					
Baltimore MARYLAND	a. STATE Md. Baltimore					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give naarast town)					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 1415 Shefford Road, Zone 12	d. STREET ADDRESS 1415 Shefford Road e. IS RESIDENCE ON A FARM? YES NO					
3. NAME OF First Middle DECEASED (Type or print) ANNIE REGINA PORCELLA	Last 4. DATE Month Day Year					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In years last birthday) 87 yrs. State Stat					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife at home	Baltimore, Md.					
William T. DeVaughn 14. MOTHER'S MAIDEN NAME unknown						
15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyesgive war or dates of service) 16. SOCIAL SECURITY NO. 17. II	Address Address Alla Steiner, dght, above					
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONCORDED ONSET 2						
Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause last. DUE TO Conditions, if any, which (b) DUE TO (c)	arteriosclavosis years					
	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 2Da. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 4 4 work at work	(Enter nature of injury in Part I or Part II of item 1B.)					
20c. TIME OF INJURY Month, Day, Year Hour a.m. Hour a.m. p.m. 19 20d. INJURY OCCURRED Complete Com						
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on November 28 19 61, and that	death occured at 4.7.M, from the causes and on the date stated above					
22a. SIGNATURE J. Palmisano M.	ATTENDING MED. STAFF D. DIRECTOR PHYS. 12-1-6					
PHYSICIAN'S NAME (Type) F. Palmisono, M.D.	6608 Loch Raven Blud. Botto.					
238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY CREMOVAL (Specify) 12/2/61 Mt. Olivet						
² Charles E. Schimunek Funeral Home 3331 Brehms Land	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATEC 5 '61 Contag & France					

1 15 Shefford Hoad, Zage 12 - 1-15 Shefford Hoad Now. 29

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Surfai lays/ql er. Olivet Comotory maltimore, Md.

narles E. Scalmunex Womer of Rome -3331 Erebms Land

FOR STATE HEALTH DEPT TO DEP: ** MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If are, any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file TO FUNERAL DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with the State Board of Haalth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 bours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH 100 FOR DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12357

-			357
1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution	n: Residence before edmission)
	BALTIMORE MARYLAND	e. STATE MD. b. COUNTY E	BALTO.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town).	c. CITY OR TOWN (If outside corporete limits, write RURAL	end give neerest town)
	BALTIMORE 12 10 MOS.	XBALTIMORE 12	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	84 MURDOCK RD	184 MURDUCK RD	YES NO
3.	NAME OF First M, Middle	Last 4. DATE Month	Dey Year
	(Type or print) EDGAR WILLIAM P	OWLEY DEATH NOV.	25 1961
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UND last bigthdey) Month	
	WIDOWED DIVORCED	2-24-92 69 yrs. Month	Deys Hours Min.
10 de	b. USUAL OCCUPATION (Give kind of work		CITIZEN OF WHAT COUNTRY?
	FIREMAN - RET, MUNICIPAL	PA.	USA
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	JOHN POWCEY	GLASS	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address	
	YES WWI 204-30-6713 PO	BERT J. TOWLEY 5522 COUNCIL	. BALTO.27
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: CARCINOMATO	SIS	4 YRS
	1997 DUE TO		
	Conditions, if eny, which (b)		7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	geve rise to immediate cause		
	(e), stefing the underlying cause lest.		
N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	
ATIC			PERFORMED?
CERTIFICATION		Enter neture of Injury in Pert I or Pert II of item 18.)	
CER	PRIMARY or CONTRIBUTING CAUSE OF DEATH.		
CAL			County) (State)
MEDICAL	Hour a.m. While Not While et work et work	ory, street, office bldg., etc.)	
<	21. I certify that I took charge of the remains described above, he	ald an Autopsy . Inspection . Inquiry .	and in my opinion
	death resulted from: Natural causes . Accident . Suic		
		CHIEF MEDICAL EXAMINER	
	ACTUAL Nullamle Fulsture	ASSISTANT MEDICAL EVA MINED	DATE SIGNED
	SIGNATURE	M.D. DEPUTY MEDICAL EXAMINER	
	NAME (Type) WILLIAM A. PILLSBURY	Address (Street, city, town, or county)	11-25-61
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, lown, or county)	ntry) (Stete)
Re	REMOVAL (Specify) Nov. 28, 1961 Ashland Ceme	terr Carlisle, Pennsy	lvaví a
	MOVAL DUPLA NOV. AD 1761 IPA INVICE CEME, FUNERAL DIRECTOR ADDRESS		S SIGNATURE
	ohn Burns Sons Towson Marstan	DATE DEC 1 '61 Orthur	S. Kraus
1//	111. 10. 111 / 0000	Tools Old	

Ber Tallatte 236 37 24 30 60 7 143 HE SERVICE THE da signatura Vi El Sandanda ve THE PARTY OF THE PARTY OF THE PARTY OF 23492 69 Lange the transfer where the terms 43 may 45 YES WELL SHAND THE ENDING THE PROPERTY SEED OF THE PORTY BIS STEEN SVO. STANS BEEN SE 7 1/1/2 THE RESERVE OF THE PARTY OF THE The state of War and of The asset Ky The street the time they the telephone

MARYLAND STATE DEPARTMENT OF HEALTH

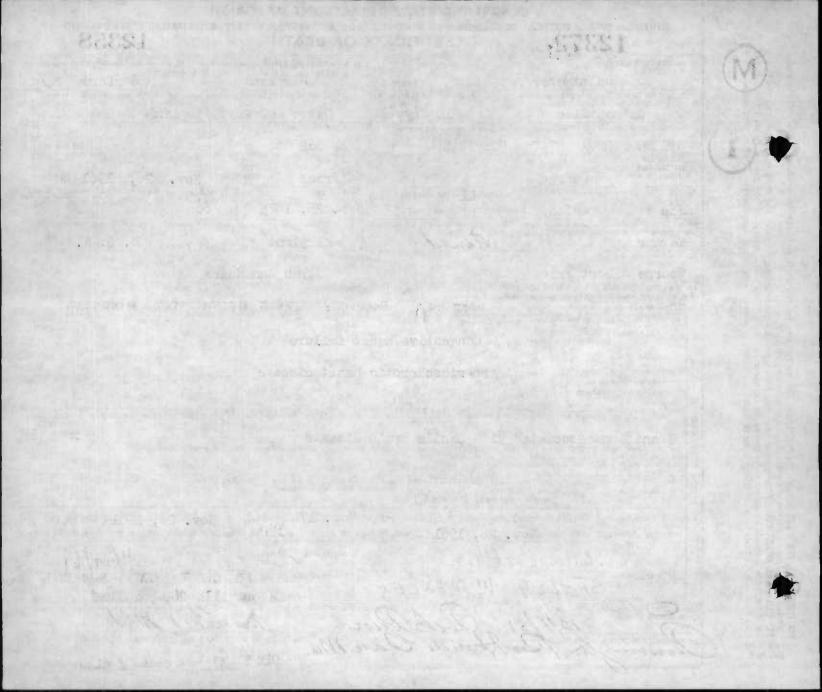
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12372 CERTIFICATE OF DEATH 12358

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
	altimore	MARYLAND	a. STATE Maryland b. COUNTY Harford
b. CITY OR TOWN (if write RURAL and	outside corporete limits, give neerast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town)
	sville	10 days	Havre deGrace, Maryland 1224-2
d. NAME OF HOSPITA	AL OR INSTITUTION (if not in ho	spital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
	OVE STATE HOS	SPITAL	662 Ostego Street ON A FARM?
3. NAME OF DECEASED	First	Middle	Lest 4. DATE Month Dey Yeer OF
(Typa or print)	George		Price DEATH Nov. 28, 1961 19
5. SEX	6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
male	white wow		Feb. 25, 1875 So yrs. Months Deys Hours Min.
10e. USUAL OCCUPATION done during most of wor	ON (Give kind of work 10b. I	CIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
farmer	king life, even it felifed)	Milled	Maryland U. S. A.
13. FATHER'S NAME		20-0-4	14. MOTHER'S MAIDEN NAME
George Alb	ert Price		Sarah Ann Huges
		SOCIAL SECURITY NO. 17.	INFORMANT Address
unknown	yes give we ror detes of service)	unknown Re	ecords: SPRING GROVE STATE HOSPITAL
	EATH (Enter only one ceuse per		INTERVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:	Congestive he	onset and death
11.	A A	Douges of Ac He	210 1641416
C-12	O DUE TO		1 11 11 11
Conditions, if eny,	ta ceusa	rterioscieroti	c heart disease
(e), steting the un	derlying DUE TO		
ceuse lest.) (c)		
12			OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? P. Disease
Inanition	associated wi	th Senile Brai	D. (Enter nature of injury in Part I or Part II of item 1B.)
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJOK! OCCURE	D. Lines relate of injury in certs of cert if of field to.)
3 20c. TIME OF INJUR	Y Month, Dey, Yeer 20d.		ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
20c. TIME OF INJUR Hour a.m.	While two		ctory, street, office bldg., etc.)
21. I certify th	at (M (this hospital) atter	nded the deceased from	Nov. 17, 19.61 to Nov. 28, 1961., that (I) (we) last
saw the decease	ad alive on Nov 2	8 1.9%1 and tha	at death occured at
22e. SIGNATURE	A / A		6 / 1 / 22b. DATE
	Stella Wacks	ler	ATTENDING MED. SIGNED PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	STFLLA V	Il DOUCE -D	22d. ADDRESS SPRING GROVE STATE HOSPITAL
11/1/1/2 (1)/20/	SIELLA V	N ACHSLER	Gatonsville 28, Maryland
23a. BURIAL) CREMATIC	ON, 23b. DATE THEREOF	23. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
REMOVAL (Specify)	12/1/61	(Auch less	in hear divel Md.
24 FLATERAL DIRECTOR	S SIGNATURE	ADDRESS 12	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
June	way con N	an al Ma	DATE DEC 5 '61 Oxford & to
/			DATE DEC 5 '61 Orthur L. Kraus

death. 4 may be retained by the hospital or attending physician.

Ye TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completery fulled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 and description, or removal, and in any event, within 7 hours after dealn. AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to 4 may be retained by the hospital or attending physician. TO HOS

uthin 24 hours after,



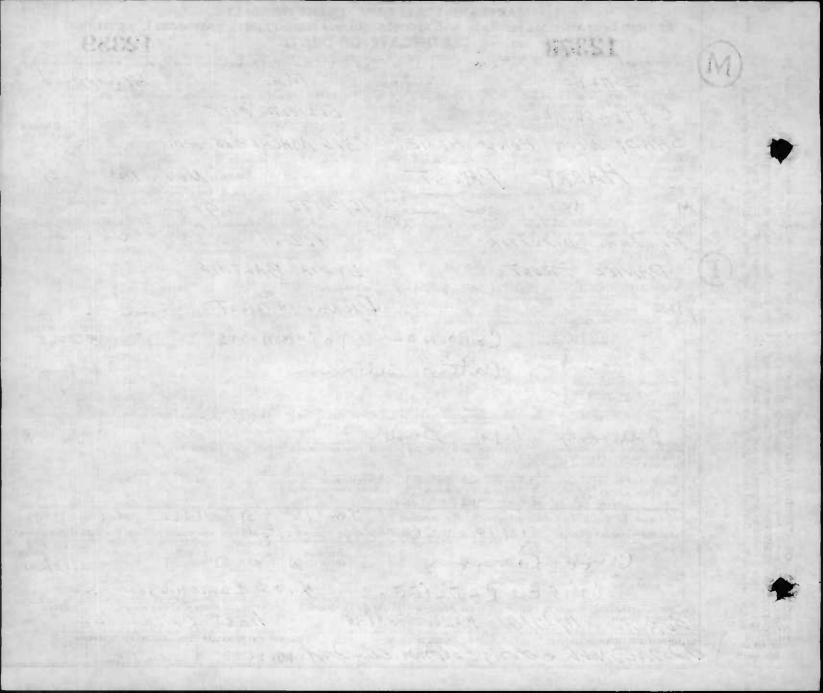
TO HOSE AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed, within 24 hours after a death. 254 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12373 CERTIFICATE OF DEATH
12359

-		
Λ	1. PLACE OF DEATH o. COUNTY ,,,	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. STATE b. COUNTY
1	BALTO, MARYLAND	M L HOWARD
	b. CfTY OR TOWN (if outside corporete limits, yield RURAL and give neerest town)	c. CITY OR TOWN (If outside corporata limits, wrife RURAL and give neerast town)
	CATONSVILLE	E-LLICOTT CITY 13x.2
11	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
	SHADT NOOK CONV. HOME	316 MACALPINE RD. YES NO
	3. NAME OF DECEASED (Type or print) HARRY PRUST	Last 4. DATE Month Dey Yeer OF DEATH NOV, /2 196/
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	DATE OF BIRTH 9. AGE (In yeers F UNDER 1 YEAR IF UNDER 24 HRS.
	M WIDOWED DIVORCED [10/31/70 last birthday) Months Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) FUNERAL DIACTOR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
T	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	DANIEL PRUST	LYDIA BALTHIS
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
	no	wane rust
	1B. CAUSE OF DEATH [Enter only one couse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Throm Bosis 5 Days.
	DUE TO	
	Conditions, if any, which (b) Cletice Scl	erri - lufue.
	gava rise to immediate cause	
	(a), stating the underfying couse last.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	PERFORMED?
0	🚆 200. ACCIDENT WAS UNDERLYING 🖂 206. DESCRIBE HOW INJURY OCCURED.	(Enter natura of injury in Pert I or Part II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	Jun 16, 19 57 to 11/12, 196 1 that (1) (we) last
	saw the deceased alive on	death occured at 7.3.M, from the causes and on the date stated above.
	22e. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
1	Cett Lowy & M.	D. PHYS. DIRECTOR PHYS. 11/13/61
"	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS
	NAME (TYPO) CLIFF PATLIFF, 5%	4405 EDMONDSON AUE.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c., NAME OF CEMETERY (DEMOVAL (Specify) ///7/6/ WALNUT PRAI	OR CREMATORY 23d. LOCATION (City, fown or county) (State) RE NEST UNION / LL.
	24 EUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	munall + don, Calonsville	- MA DANOV 1 4 '61 Chilmy & France

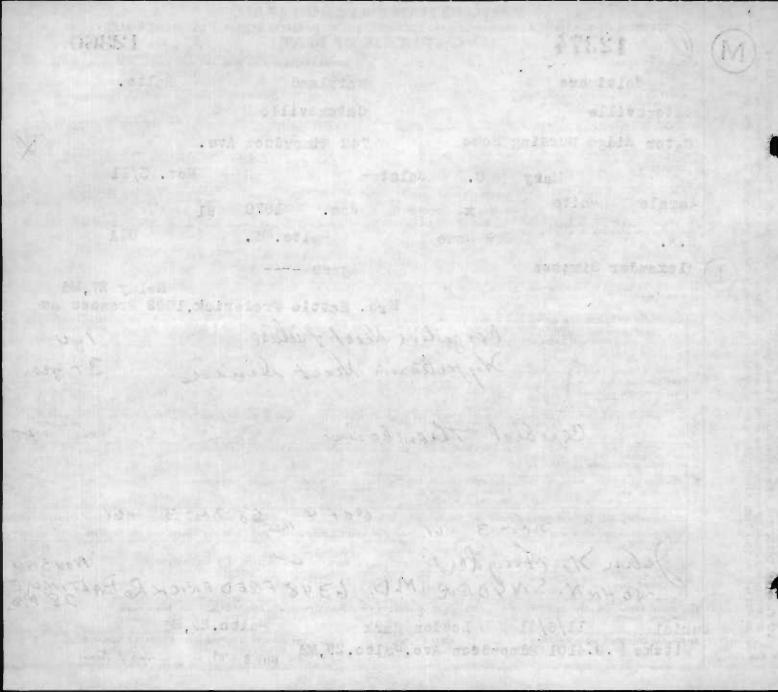


Collins S. Krous

Edmondson Ave. Balt

the d 2 death. and inby 72 hours after 9 complete and physician Then please Ξ attending and removal, signed by the permit. physicia the burial-transit attending DIRECTOR: After this certificate has been SE detached for use prior of Health be retained by pe pluods State 3 TO FUNEAAL I VR A15 (4) 15M 9/60

The law requires that the death certificate be



1. PLACE OF DEATH

Baltimore

Rodgers Forge

b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)

e. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION 15 TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12361

MARYLAND

c. LENGTH OF STAY IN 16

e. STATE

Maryland

2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)

c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)

b. COUNTY

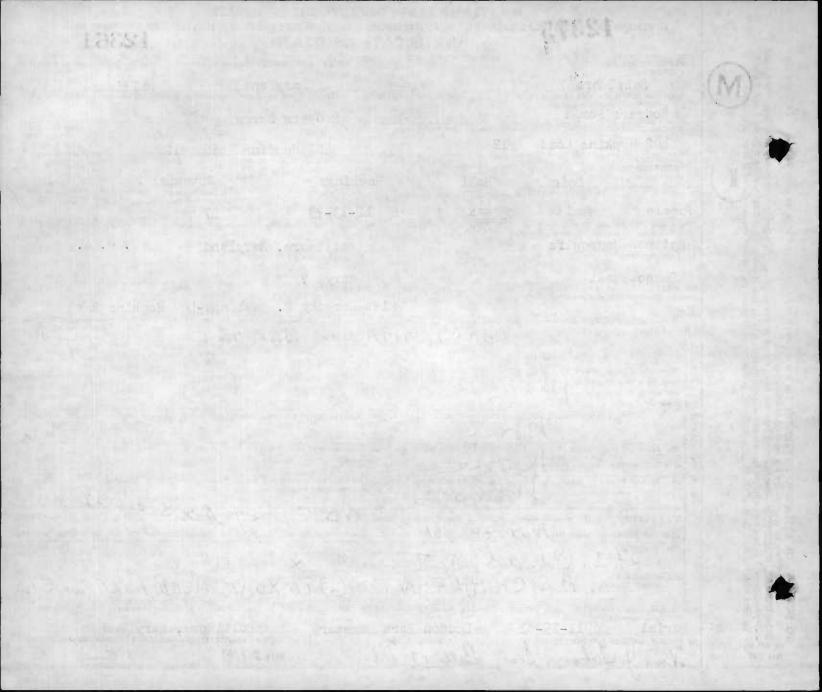
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IO HOST TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO FUNDARL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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death. 4 may be retained by the hospital or attending physician.	RA	Sec	vith
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ath.	FU	ect	file
≤ death.	0	Ė	2
VR	A	15	(4)

15M 9/60

		Rodgers Forge		X Rodgers	Forge		
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)			d. STREET ADDRESS e. IS RESI			
1		402 Hopkins Road	#12	402 Hop	kins Road #12	YES NO	
1	- 1	NAME OF First DECEASED (Type or print)	Middle	Last	4. DATE Month OF	Dey Yeer	
		LOIS		Wlings DATE OF BIRTH	9. AGE (In yeers IF UN		
	F	emale White		2-13-73	lest birthdey) Mon		
	10e do	e. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Cour	nty & State, or loreign country)	2. CITIZEN OF WHAT COUNTRY?	
		Retired Housewife		Baltimore,	4 607 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	U. S. A.	
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	15	Samuel Hall WAS DECEASED EVER IN U.S. ARMED FORCE	ES? 16. SOCIAL SECURITY NO. 17. II	Mary ?	Address		
		es, no, or unkown) (Ifyes givewer or detes of ser	rvice)			leine Deed	
	N	18. CAUSE OF DEATH [Enter only one of		boromy n.	Rawlings-402 Hop	INTERVAL BETWEEN	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	CARCINOMA	0F. BF	REAST	ONSET AND DEATH	
		170× DUE TO					
		Conditions, if eny, which (b)					
		(e), steting the underlying DUE TO cause lest.					
0	ATION	PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	nal disease condition given in	PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO	
	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Dey, Year Hour e.m.		CE OF INJURY (Home, ferr ory, street, office bldg., etc		(County) (Stete)	
	2	21. I certify that (I) (this hospite		NOVIE	195 7 to 100 6W	, 19.6., that (I) (we)-last	
		saw the deceased alive on. N.O.			M, from the causes and		
		228. SIGNATURE	albert M.	DIESEC DE L	MED. STAFF	22b. DATE SIGNED	
1		22c. PHYSICIAN'S A.S.	CHALFANT	62(0)	ORK ROAD. 1	BELTIMORE, 12	
~		e, SURIAL, CREMATION, 23b. DATE THERE			23d. LOCATION (City, town or		
1)	_	Burial 11-25-61	Loudon Park C		Baltimore, Mar	yland	
8	24	FUNERAL DIRECTOR'S, SIGNATURE	no Belto 17 Md.		C'D BY REGISTRAR 256. REGISTR	1 S. Kraus	
	-						
11 75							



death. 44 may be retained by the hospital or attending physician.

FIO FUNDARL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death. ithin 24 hours after OR AITENDING PHYSICIAN: The law requires that the death certificate be executed

TO HOSH

15M 9/60

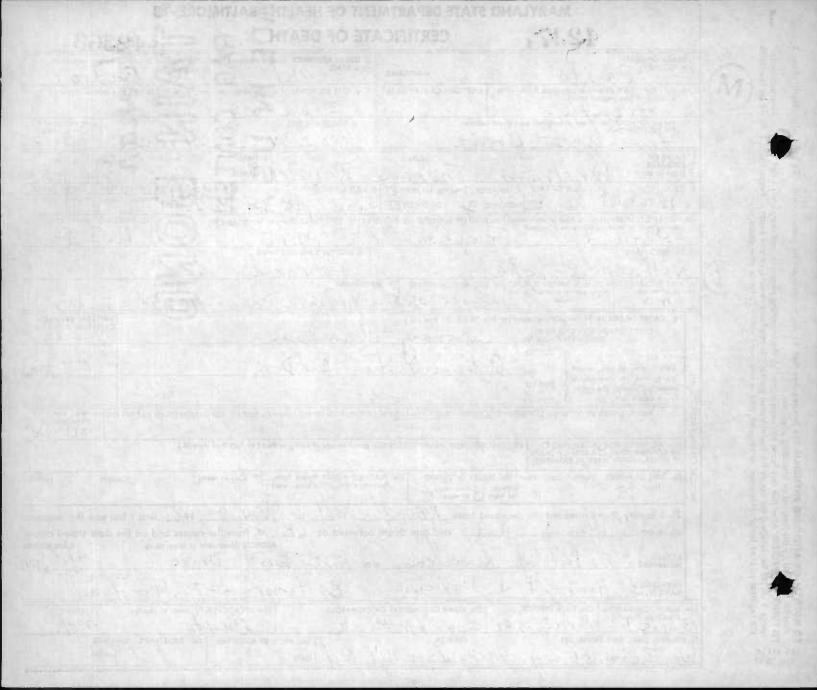
MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12376 CERTIFICATE OF DEATH 12362

1. PLACE OF DEATH		2. USUAL RESIDENCE	E (Whare daceasad lived, It is	nstitution: Residence before edmissign)
Baltimore	MARYLAND		yland b. COUN	en-electricis
 b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) 	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporete limits, write	RURAL and give neerest lown)
Catonsville	23yrlmthl6dys	Baltimore		3 V 0 1
d. NAME OF HOSPITAL OR INSTITUTION (if a	not in hospitel, give street address)	d. STREET ADDRESS		a. IS RESIDENCE
SPRING GROVE STATE	HOSPITAL	600 Sout	h North Point	Road YES NO
3. NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Year
(Type or print) Chr:	istian Re	edmers	DEATH Nove	mber 6 19 61
5. SEX 6. COLOR OR RACE 7	. MARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In yeers	
7	WIDOWED DIVORCED	1880 , Oct.	28, last birthdey) 81 yrs.	Months Deys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY
none		Mary	land	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		
Charles Redmers		Lorraine	?	
15. WAS DECEASED EVER IN U.S. ARMED FORCE		NFORMANT	Address	
(Yes, no, or unkown) (If yes give we ror dates of serving the control of the cont		ords:;SPRING	GROVE STATE	HOSPI TAL
18. CAUSE OF DEATH [Enter only one ca		מונוווומן: פטונטי	GROVE STATE	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:				ONSET AND DEATH
IMMEDIATE CAUSE (e)_	Pulmonary edema			
T dO. O DUE TO				
Conditions, if eny, which (b)	Cardiac failure			
gave rise to immediate cause (e), stating the underlying DUE TO				
ceusa last.	Arteriosclerotic	heart disease	e	
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION GIV	
DATIC	Ulcer of leg; right	t		PERFORMED?
PART II. OTHER SIGNIFICANT CONDITION 200. ACCIDENT WAS UNDERLYING 200. ACCIDENT WAS UNDERLYING 200. CONTRIBUTING 200. CAUSE OF DEATH 200. (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter nature of injury in Po	ert I or Pert II of item 18.)	
	20d. INJURY OCCURRED 2De. PLA	CE OF INJURY (Home, farm,	, 201. (City or town)	(County) (Stala)
Hour a.m.	WhileNot While fact	ory, street, office bldg., etc.)		
	at work at work		- O N 6	/3
21. I certify that 30 (this hospital) attended the deceased from	June 3 1	1930, to NOV O	, 1904, that (I) (we) las
saw the deceased alive on NOV	• 0 1901 , and that	death occured at	oM, from the causes	and on the date stated above
22a SIGNATURE	11.00.00	ATTENDING M	ED. STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S		224 ADDRESS	PRING GROVE	
NAME (Type) Stella W	achsler, M. D.			
23e. BURIAL, CREMATION, 23b. DATE THEREC		OR CREMATORY	atonsville 28,	rn or county) (State)
REMOVAL (Specify) Burial 11/8/61	Mt. Carmel Ce		Baltimore,	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REG	
1 1 4 -				
ULLIZION FUNERAL	130ME- DUNPAL	JP // DATE NO	The state of the s	illus S. Frans

	7	MAKTLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
SE.		12377 CERTIFICATE OF DEATH Reg 02.863	
il director, filed with	(M)	1. PLACE OF DEATH o. COUNTY Balto, MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Balto	
P 9	IAI	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus c. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Arbutus	
the fund 2 shauld	X	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION d. STREET ADDRESS ON A FARM?	-
ed i		3. NAME OF DECEASED. Middle Lost 4. DATE Month Day Year OF	
ely filled Pages 1		(Type or print) Am homas Reigle DEATH 196 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTY 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HT 196 Months Days Hours Min	
camplet papers.		male white WIDOWED DIVORCED June 3 1879 82 yrs. Months Days Hours Min 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stote or foreign country)	
and and ser de		Retired Telephone Co, Md, U.S.A,	
physician pmave carl haurs afte	T	William Reigle Frances?	
		IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT. (19 you, give wor or dotes of service) 212-05-090 Mrs. Yirg in a Dean - 4102 West Dr.	
attending n please re within 72		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ONSET AND DEATH SECONDOLUMN ONSET AND DEATH	
ed by the mit. The any even		420./ DUE TO Conditions, if ony, which) (b) Arterioschrotte CVD - yr	•
n. signed it perm		gove rise to immediate couse (a), stating the under-lying couse last.	-4-
physicions been altrans	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES \(\sigma \) NO \(\sigma \)	
ending ficate h the buri ar rem		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	-
of ar att his certif use as ematian,		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 Of While Not while of work of w	te)
haspite After the hed for rial, cre		21. I certify that attended the deceased from Novi 3 , 1961, ta Novi 9 , 1961, that I last saw the deceased from Novi 3	
by the CTOR: a detacl		alive an NOV1 3 196 , and that death accurred at 62 M, fram the causes and an the date stated about ADDRESS (Street, city or town, state) ACTUAL The first Design (1967)	
ould by	1	PHYSICIAN'S Halacet I beviotes & P 14	91
HOSPIT may be r FUNER bage 3 sh he registr		NAME (Type) PER PER 9 Control Control	
TO FUN Page the re	0	Buria Nov. 13, 1961 Loudon Park Balto, Md. B. FUNERAL DIRECTOR'S SIGNATURE ADDRESS / 240, REC'D BY REGISTRAR 240. REGISTRAR'S SIGNATURE	
VS A15 (4) 15M 10/57	Es.	bhn T. Stansbury 6411 Windsor M. 11 Rd DATE NOV 13'61 arthur & thouse	

/



VS A15 (4) 15M 9/5B

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12378

CERTIFICATE OF DEATH

12364 ·

b. CITY OR TOWN (If outside RURAL and give nearest tow ROBER'S FORGE ON NAME OF HOSPITAL (IF NO OR INSTITUTION FRMACOUT NURSING	t in hospital, give stree	28 MO.	X ROD	R TOWN (If outside cor	porate limits, write R	URAL and give n	earest tawn	
d. NAME OF HOSPITAL (IF no	t in hospital, give street Y NOMIE REGI First	et oddress) ESTER AVE	d. STREET	ADDRESS ORGE				
HIVING OUT JADIES IN	First		914	REGESTER	Hue.			DENCE FARM? NO [X]
3. NAME OF DECEASED	MUNNET	M	P 11. 1	ast 4. DATE	11	oth C		ear /ear
(Type or print)	1	17. /	1 E//1/	DEAT	1401	14		941
5. SEX 6. COL	. /	RRIED NEVER MARRIED [WED DIVORCED	8. DATE OF BIR	7. 1876	9. AGE (In years last birthday) yrs.	Manths Days	Haurs	Min.
10a. USUAL OCCUPATION (Give during most of working life,	kind of work dane 101 even if retired)	b. KIND OF BUSINESS OR I	NDUSTRY 11. BIRTH	A 10 1 /	country)	12. CITIZEN C	F WHAT CO	DUNTRY?
13. FATHER'S NAME			///	MARY MAND				
JOHN DELAN	EV		14. MOTHER	14RI FAIR	,			
15. WAS DECEASED EVER IN U. S (Yes, no. or unknown) (If yes, give	war or dates of service)	6. SOCIAL SECURITY NO.	INFORMANT FAMILI	RECORUS	bbA	ress		1/18
CATIC	DUE TO (b) DUE TO (c) IFICANT CONDITIONS	Melas Deneral/ SCONTRIBUTING TO DEATH			- VET 1/1/2	Descending Bowle	19. WAS A PERFOI	AUTOPSY
20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAUST (IF EITHER, NOTIFY MEDICAL)	E OF DEATH	ESCRIBE HOW INJURY OCCU	JRRED. (Enter nature	ar injury in Part I ar P	arr II ar item Ib.)			
20c. TIME OF INJURY Month Haur a. m. p. m.	n, Day, Year 20d. Whil 19 at w	e Nat while	e. PLACE OF INJURY factory, street, aff		ity or tawn)	(County	')	(State)
21. I certify that I or alive an	rended the deceded 1 14, 19 eucles 7	/ /	eath accurred c		n the causes an (Street, city ar town,			above.
220. BURIAL, CREMATION, 22b. REMOVAL (Specify)	DATE THEREOF 1-18-41		/ //	M. B.	ATION (City, town,	MI	(State	•)
23 FUNERAL DIRECTOR'S SIGNAL C. F. EVANS V.	ON 8802	HARTONU RD		DATE NOV 2	1 '61 24b. REGI	STRAR'S SIGNAT	URE	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) If an type is necessary, to the funeral director. Page a retained for your files. a. COUNTY Baltimore b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) write RURAL end give neerest town) Years Dundalk Dundalk d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Res. 49 Mavista Avenue 19 Mavista Avenue Middle 4. DATE DECEASED the (Type or print) MARY DEATH REISSER November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 2 with Jast birthday) Months Female WIDOWED Page 5 1 and 2 and 72 both 72 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired Housew 1 fe North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walter Sawyer Ann Forbs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unkown) (Ifyes give wer or detes of service) Robert Reisser 49 Mavista Ave. 22, Md Office along with burial-transit perm 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), l PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cor Pulmonale Office a DUE TO Conditions, if eny, which Active and Inactive Pulmonary Tuberculosis. gave rise to immediate couse S O DUE TO (a), stating the underlying Chief Medical Examiner cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION writing the word EXAMINER: This 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Pert I or Pert II of item 18.) age 3 short to burial, PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) Not While factory, street, office bldg., etc.) Hour a.m. the R. P. et work | et work OR: be forwarded to RAL DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection Inquiry death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTURI. ASSISTANT MEDICAL EXAMINER should be for SIGNATURE DEPUTY MEDICAL EXAMINER Charles S. Petty, M.D. NAME (Type) Address (Street, city, town, or county) DE 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) ₫40 g Nov. 17. 1961 Meadowridge Mem. Park Washington Blvd. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME JOHN J. DUDA 7922 Wise Ave. 22. Md. 5M 9/60 DATENOV 2 1 '61 Carling & King

MARYLAND STATE DEPARTMENT OF HEALTH

Baltimore

e. IS RESIDENCE ON A FARM?

YES NO.

19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

YES X NO .

and in my opinion

DATE SIGNED

15/61

Md ..

(County)

12. CITIZEN OF WHAT COUNTRY!

U.S.A.

IF UNDER 24 HRS.

. . . TEST IN THE PROPERTY AND ADDRESS OF THE PERSON OF THE PERS Bobert Bringer to Marrista Ave. 22, 46 or Esection heart very mediat avident dans avidence and SECTION NOW TV. 1951 Yestowithes Man. Parts. Vanhancon Plats. Hd. ASSECT DUDA TORE Wise Ave. 22, MR.

VS. AISME

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Baltimore			2. USUAL RESIDENCE	CE (Where dece	b, CQUN	ITY	nce before a	dmissio
b, CITY OR TOWN (if outside corpora	ate limits.	MARYLAND TH OF STAY IN 16	Maryland	f outside corpora		imore	neerest tow	nì
write RURAL and give neerest toy	wn)		V		mins, will		TOUTUSE TOW	,
Baltimore 2, Bx 4	TION (if not in hospital, give	street address)	A Baltimore	2			e. IS RE	SIDENC
			Box lili9 -	D+ 1/25	,		YES T	FARM NO
. NAME OF	First	Middle	POX 443 -	4. DATE	Month	Day		
DECEASED	ROBERT		HODENHEAVER	OF DEATH		01		
- 4.2 · · · · · · · · · · · · · · · · · · ·	200		DATE OF BIRTH		GE (In years	IF UNDER 1 YEAR	19	
36.9	WIDOWED	EN MANKIED	June 1893	la la	ast birthday)	Months Days	Hours	Min
Male White Oa. USUAL OCCUPATION (Give kind of		DITORCED A	11. BIRTHPLACE (State		0	1 12. CITIZEN	OF WHAT C	OUNT
done during most of working life, even i	if retired)			101111111	* /			00.111
Handyman 3. FATHER'S NAME	General		W. Va			USA		
Lou Rhodenheave	27		Cecelia J					
. WAS DECEASED EVER IN U.S. ARMI		CURITY NO. 17 IN		0.11.001	Address			
es, no, or unkown) (Ifyesgivewerord	ates of service)		tol Bongiorn	2277 (ant Area		
1 1B. CAUSE OF DEATH [Enter on	aly one cause per line (or (a)		007 DON'P TOTA.	0 2/22			TERVAL BET	
Conditions, if any, which	DBY: USE (a) Arteriosc DUE TO (b)	elerotic ca	ardiovascula	r diseas	se	0	PINSET AND E	
Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause last.	USE (e) Arteriosc (b) (b) (c) (c)						19, WAS A	UTOPS
Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause last.	USE (e) Arteriosc (b) (b) (c) (c)						19. WAS A	EATH
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funeral thin 24 hours after d completely filled in by the roon papers. Pages 1 and 2 within 73 hours after death. TO HOS? AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a death. Let may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers.

S De filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 7 h

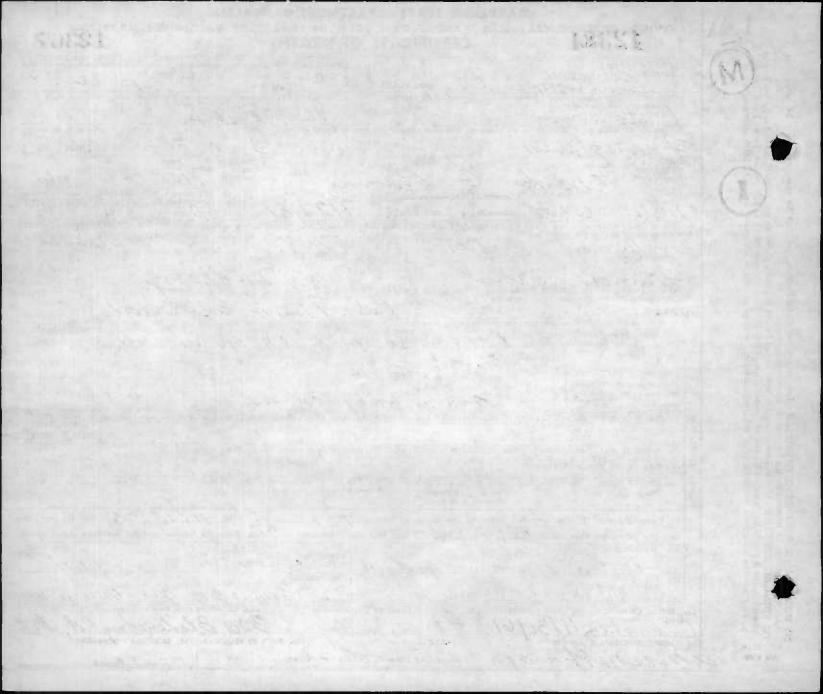
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12367

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
	. COUNTY Battimore CO. MARYLAND	o. STATE med. b. COUNTY a.a.
	b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
	(ttonsville	Annakolia 12x.2
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
	+ sest & anew	PT. 3 P.F.D. VESTINOTI
3	NAME OF First Middle	Last 4. DATE Month Dey Yeer
	(Type or print) Trans G. Pin	or DEATH NOV- 29 196/
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WHOWED DIVORCED I	7/27/8/ Isst birthday) Months Deys Hours Min,
	Da. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Salleman net.	n. F. U. S. a.
1:	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Francia Ringer	mary me prosper
		NFORMANT Address
('	(es, no, or unkown) (Ifyesgive weror detesofsarvice)	of Thenk B. Deins
=	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY.	ONSET AND DEATH
	IMMEDIATE CAUSE (0) A RT ENTO SEL	ENITE CARALU-VASCULA
	DUE TO DISEASE	
	Conditions, if any, which) (b) MUSUMIAN	i B
	geva risa to immediate cause (a), stating the underlying DUE TO	
	f (a), Signing the funderlying t	RY EDEMA
Z		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
CERTIFICATION		PERFORMED?
FICA	208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in Pert I or Pert II of item 18.)
ERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (2000)
-		CO OF DIVIDING III
MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
ME	p.m. 19 et work at work	
	21. I certify that (I) (this bespital) attended the deceased from	
	saw the deceased alive on 11/79 19/1, and that	death occured at
	220. SIGNATURE	22b. DATE
	Jerten Alland la M	D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) JOHN Of SHAW M.B	5500 EDMONDER JUE BALL 28, WAR
2	38. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
4	REMOVAL (Specify) 11/30/61 71. Lun	oven 3201 Bladensturg Rd, S. C
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	mainst + don - Calonson	Cle 2 DAJSEC 1 161 acting & Krone



ofter death: Page 4

12382

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.2368

	1. PLACE OF DEATH o. COUNTY A Tree	MARYLAND	2. USUAL RESIDENCE (Where decea	sed lived. If institution: Residence b. COUNTY	e before admission)
1	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside car	porote limits, write RUPAL and ai	ve negrest town)
/	RURAL and give nearest town)		12	y	ve nearest tomi,
	d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE
	OK INSTITUTION		6304 Beechwa	1011	ON A FARM? YES NO A
	3. NAME OF First	Middle	Lost 4. DATE		
	OFCEASED (Type or print) ALYCE	RR	OF DEAT	4	Doy Year
	5. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
	Female white WIDOWI	ED DIVORCED	AUG-24 1881	fo yrs. Manths	Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or fareign	country) 12. CITI	ZEN OF WHAT COUNTRY?
	House will be		SOUTH CAROLIN	A	U.S. A.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Ì	John James DIA	1	LANE ELIZAbot	1 JAcobs	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	INFORMANT	Address	(12)
Į	n/-	one E	dward E. Robins	ON 6304 Beec	hwood Rd
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY:	ne for (o). (b). and (c).]	Car 1: 1/2	D. D:	INTERVAL BETWEEN ONSET AND DEATH
1	IMMEDIATE CAUSE (o)	ecompensary	E Caralo Vascu	an Justice	
	4 LLI DUE TO	antonio alas	O ·	,	
1	Conditions, if ony, which gove rise to immediate (b)	Repensoper	oole		
	cause (a), stating the under-				
1	lying cause last. (c) (c)	CONTRIBUTION TO DEATH BUT	NOT BELLYED TO THE TERMINAL DIES.	ACC CONDITION OF THE PARTY	110 1115 1117000
ı	PART II. OTHER SIGNIFICANT CONDITIONS	ONIKIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	PERFORMED?
	20g. ACCIDENT WAS HNDERLYING CT 20b. DESC	CRIRE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or P	ort II of item 18.1	YES NO
	OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE THE THE PERSON OF THE PERS	e. (ciner nations of injury in Fort Fort	or in or new (e.,	
	= 1	1 fm	ACE OF INJURY (Home, form, 20f. (C ctory, street, office bldg., etc.)	ity or town) (Co	ounty) (State)
	Hour o. m. P. m. While of worl		crory, street, dirice blug., etc.)	Annual Section	
	21. I certify that (attended the decease	ed from June	2019/9 to Nov.	11 1961 that I lo	ast saw the deceased
	alive an Nov 11 18/		accurred at 8/15 P M, fro	om the causes and an the	
1	0	1		(Street,)city or town, state)	DATE SIGNED
I	SIGNATURE CHINECE	Dela	M.D. 6805 Upsk	Kd.	11/13/61
1	PHYSICIAN'S LAUPEN (704	R. SA.	13 /1	1
	NAME (Type) NAME (Type)	1081	Layumen	6 12 ing	
1	220. BURIAL, CREMATION. 22b. DATE THEREOF	22c. NAME OF CEMETERY O		ATION (City, town, or county)	(State)
1	Burne 19-1961		MCRIOL BALT	IMORE Co	md
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS BALT	Timone 240. REC'D BY REGI	04	
1	seenn 7 Duy 2204)	VORK Rd 12	md DATENOV 16	61 Chilbury S. 1	Trava

may be reset by the haspital or attending physician.

O FUNERA ORECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The tow requires that the death certificate be executed within 24 ha TO FUNER VS A15 (4) 15M 10/57

carbon papers. Pages I and nt. Within 72, hours after deal

filled in by Pages 1 and

TO HOST RAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed death.

Je 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completel director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 h

VR A15 (4) 15M 9/60

vithin 24 hours after the and MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12383

	PLACE OF DEATH						ENCE (Whare	deceased lived, If i		dence before	admission)	
	Baltimore			MARYLAN	11	a. STATE Maryl:	and	B. COUN	11			
	b. CITY OR TOWN (i	f outside corporate limi	ts,	c. LENGTH OF STAY IN	11ь			orporete limits, write	RURAL and gi	va nearest to	wn)	
٠.	Fort Howar	give nearest town)		OF Dorra		Dollaton	200		2,	111-4		
		of the same of the	if not in hos	25 Days		Baltime d. STREET ADDRE			21	a. IS	RESIDENCE	
										10	A FARM?	
		dministrat:	ion Ho			2027 N	A			YES		
3.	NAME OF DECEASED	First		Middle		Last	4. DATE		D	ay Ye	ar	
	(Typa or print)	LINWOOD		G.	ROI	BINSON	DEAT	TH Novembe	r 30	19	961	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years			ER 24 HRS.	
	Male	Negro	WIDOWE	D DIVORCED	.Tu	Ly 26, 19	917	last birthday)	Months Day	s Hours	Min.	
10a	. USUAL OCCUPATI	ON (Giva kind of work	10b. K	IND OF BUSINESS OR IND				or toreign country)	12. CITIZER	OF WHAT	COUNTRY	
do	Porter	rking lita, aven if retire	id)	Chemical Com	nentr	Po 1+	imore	Maryland		II C	Λ	
13.	FATHER'S NAME			Menticar com		MOTHER'S MAID		Mar y Tariu		U. S.	H.	
	Samuel Rob	4 ~ ~ 0 ~ ~										
						Jennie K	norr					
		R IN U.S. ARMED FOR yesgive war or dates of s		SOCIAL SECURITY NO.	Clin	RMANT	ords.VA	H, Baltin	ore 18	Mary	Land	
	Yes	WW II		218-05-0789	Fort	Howard 1	Divisio	n'	.010 10	, rioni j	1.04114	
	18. CAUSE OF D	EATH (Enter only one	cause per l	ine for (e), (b), and (c).]						INTERVAL B		
	PART I. DEATH	WAS CAUSED BY:	T.Riggi	VENTRICULAR	HYPE	SUBUDHA				ONSE! AINE	DLAIII	
	7-11	2 44					1110	UNKNOWN				
	C 100 1 1			VIC NEPHROSC	LEMOS.	12			706		INAL	
	Conditions, if any gave rise to immedia	10		CHOPNEUMONIA			9			TIME	TIME	
	(a), stating tha us	And In And III										
	cause last.) (c)										
NO	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DEATH BU	JT NOT REL	ATED TO THE TER	RMINAL DISEAS	SE CONDITION GIV	EN IN PART 1(a	19. WAS	AUTOPSY ORMED?	
EV	The state of									YES X	NO 🗍	
CERTIFICATION	20a. ACCIDENT WA		20b. DES	CRISE HOW INJURY OCC	URED. (Ente	er nature of injury	In Part I or Par	rt II of item 18.)				
CER		CAUSE OF DEATH MEDICAL EXAMINER)										
	20c. TIME OF INJU			INJURY OCCURRED 20e	PLACEO	F INJURY (Home,	farm. 1 20f. (C	City or town)	(County	}	(State)	
MEDICAL	Hour a.m.	Monini, buy, 10	While	Not While		reat, office bldg.,		, с. топп,	,,		(5.0.0)	
ME	p.m.	19	at wor	k at work			-					
				ded the deceased fr			1961,	o November	3919.6	that (P)	(we) las	
	saw the deceas	ed alive on NOV	ember	30 1961, and	that dea	th occured at	1AM, fr	om the causes	and on the	date stat	ed above	
	22a. SIGNATURE	+ (2	1								2b. DATE	
	Selver	Trank P	MANO		M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		12	7 SIGNE	
	22c. PHYSICIAN'S	17				22d. ADDRESS					7 7	
	NAME (Type	EBASTIAN R	USSO,	M.D.		VAH, BALT	0.18,MA	RYLAND, FI	.HOWAR	D DIVI	SION	
-	DIRIAL CREAT	ON 123h DATE THE	PEOE	23c. NAME OF CEMET	TERY OR C	REMATORY	1234 10	CATION (City, tox	vn or county)		(State)	
23	REMOVAL (Specify)	ON, 23b. DATE THE	61						-0		_	
	Burial	1/2 7-	-01	Baltimore	Natio					Maryl	and	
24	FUNERAL DIRECTOR			ADDRESS		-		SISTRAR 256. REC	SISTRAR'S SIG	NATURE		
	Elroy 0.	Wilson 1000	O Brar	tley Ave., B	alto.	17, Md 174	EC 6 '61		6 00			

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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	2370	

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W		
De Tiled Will	1	M
Ö	1	TAT
Shaula		
Y		X
gug		- 1
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0	4	

1. PLACE OF DEATH o. COUNTY CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) NSdowNE

OR INSTITUTION

MARYLAND

c. LENGTH OF STAY IN 16

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE

b. COUNTY c. CITY OR TOWN Uf outside corporate limits, write RURAL and give nearest town)

d. STREET ADDRESS

DATE

e. IS RESIDENCE ON A FARM? YES NO

2-NAME OF First DECEASED

Middle 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH

OF DEATH

Month Day Year NOUEM 9. AGE (In years

19 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours

(Type ar print)

S. SEX

10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11.

MORE

d. NAME OF HOSPITAL (If not in hospital, give street address)

6. COLOR OR RACE

DIVORCED

BIRTHPLACE (State or foreign cauntry)

12. CITIZEN OF WHAT COUNTRY?

104 13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Address

IS. WAS DECEASED EVER ARMED FORCES?

during mast of working life, eyen if retired)

16. SOCIAL SECURITY NO. NON CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]

17. INFORMANT

INTERVAL BETWEEN

last birthday)

I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which

ONSET AND DEATH

gave rise to immediate couse (a), stating the underlying couse last.

(b) **DUE TO**

DUE TO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY

a. m

20e. PLACE OF INJURY (Home, farm, 20f. (City or town) foctory, street, office bldg., etc.)

21. I certify that (I) (this haspital) attended the deceased fram.

Doy, 20d. INJURY OCCURRED While Not while of work of work

19_6/, that (1) (we) last

(County)

saw the deceased alive an 22a. SIGNATURE

196 and that death accurred at

ATTENDING PHYS. M.D. 22d. ADDRESS

STAFF PHYS. DIRECTOR [

22b, DATE SIGNED

(Stote)

22c. PHYSICIAN'S NAME (Type)

23d. LOCATION (City, town, or county)

(State) 10 25b. REGISTRAR'S SIGNATURE

REMOVAL (Specify)

23g. BURIAL, CREMATION, 23b. DATE THEREOF

ERN

23c. NAME OF CEMETERY OR CREMATORY

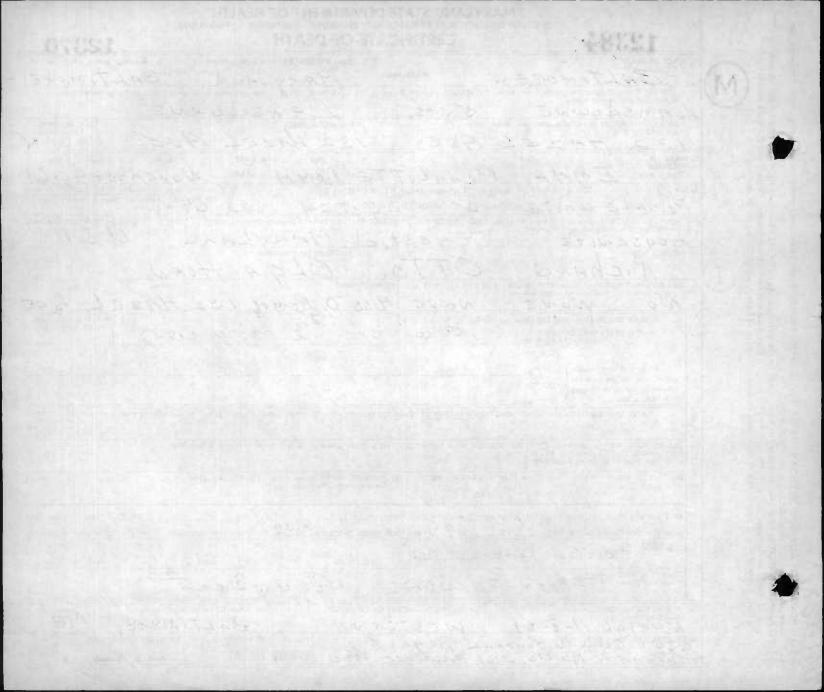
250. REC'D BY REGISTRAR DATEOV

Circhan S. Thous

· MORE

M, fram the causes and an the date stated above.

FUNERAL DIRECTOR: age 3 shauld be detact page 3 sho he 10 VR A15 (4) 1SM 9/S9



TO HOPETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. S death. Yet may be retained by the hospital or attending physician. Yet CLINARAL DIRECTOR: After this certificate has been signed by the attending physician and completery filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, gremation, or removal, and in any event within 72 hours after death.

vithin 24 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)								
Н	1	Baltimore MARYLAND	Baltimore Baltimore								
7	- 1	b. CITY OR TOWN (if oulside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)								
		write RURAL and give neerest town) (OTNEU	X Carnela								
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE								
		9223 Orbitan Road	9223 Orbitan Road YES NEED								
		NAME OF First Middle	Lest 4. DATE Month Day Yeer								
1		(There are mains)	osenberger OF November 25 19 61								
	5.	SEX 6. COLOR OR RACE 7. MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.								
1		male white WIDOWED DIVORCED 7	Apr 18, 1894 67 yrs. Months Deys Hours Min.								
	10a doi	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?								
		Butcher Good Fair	Baltimore, Maryland U.S.A.								
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
		Peter A. Rosenberger	Maria Acker								
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 s, no, or unknown) (Ifyas give were ordetes of service)	INFORMANT Address								
		214-03-0889 /	Mrs. Rose E. Rosenberger same								
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH								
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caroleac	and a								
	20	4201 DUE TO 2	cal Interction								
		Conditions, if any, which geve rise to immediate cause	al Infallian								
		(a), stating the underlying DUE TO									
		cause lest. (c)	Was Allegen								
Ø	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? PERFORMED? PERFORMED? PERFORMED?									
YES 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.)											
	CERTIFI	206. ACCIDENT WAS UNDERLYING □ 1 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	, (Enter nature of snjury in Peri i of Peri ii of ilem 16.)								
			CE OF INJURY (Home, ferm, 201. (City or town) (County) (State)								
	MEDICAL	Hour a.m. While Not While fact	ory, street, office bldg., etc.)								
	×	p.m. 17	1960 10 11/25 1061 11 10 (11)								
		21. I certify that (I) (Nhis trospital), attended the deceased from									
		22e. SIGNATURE	22b. DATE								
	Н	1 to 0 on h. 1/1.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 11266								
		22c. PHYSICIAN'S	22d. ADDRESS								
		NAME (Type) Paul G. Mueller	6411 Belair Kol Md.								
	23e	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)								
		Burial 12/28/61 Holy Redee									
-	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'B BY REGISTRAR 25b. REGISTRAR'S SIGNATURE								
3	1	eonard J. Ruck 5305 Harford Roa	d #14 DATENOV 2 8 '61 achus S. Thomas								

국 원 등 등 1 AZE (CALENDA PER) PROPERTY AND ACCOUNT. Served Carried A Commence of the Commence of t and the second second makery that the state of the st Abortessettion . Misson . Soul- (Tobo-go- Misson The Wall Control of The state of the service of the service AP AP AP AP APPEAR AND A PARTY OF THE APPEAR entities and the The company of the co Leonard J. Hadr 5305 Harzoud Wald Affron med the Server State Server States MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY 2007 2

_											
1.	PLACE OF DEAT	Н				2. USUAL RESIDEN a. STATE		eceesed lived, If in b. COUNT		sidence bef	ore admission)
1		Baltimore		MARYL			yland		DUDAL		11
	writa RURAL an	(if outside corporate limits d give nearast town)	,	c. LENGTH OF STAY	IN ID	c. CITY OR TOWN (it outside corp	orate limits, write	KUKAL and	give nearas	i town)
_	Catons			1mth26dys		Baltimore			3 VOI .	7	10 BEGINFALOR
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)					d. STREET ADDRESS	& A=				ON A FARM?
-	SPRING GROVE STATE HOSPITAL					3910 Em					NO NO
3.	NAME OF DECEASED	First		Middle	D	Last	4. DATE OF	Month	3	Dey	Year
_					senbloom	DEATH	21010		9	19 61	
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		DATE OF BIRTH		. AGE (In yeers		EAR! IF U	NDER 24 HRS.
4.0	male	white	WIDOWED		L	June 10, 19		55 yrs.			
10a	na during most of w	TION (Give kind of work orking life, even if retired	10b. KIN	ID OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE (Cour	nty & Stete, or	foreign country)			AT COUNTRY?
	pharma	cist				England			U.	S. A.	
13.	FATHER'S NAME					4. MOTHER'S MAIDEN					
		Solomon Rose				Ida Sch	wlat				
15. (Ye	es, no, or unkown)	VER IN U.S. ARMED FORG	rvice) 16. S	OCIAL SECURITY NO	. 17. IN	FORMANT		Address			
	unknown		un	iknown		ords: SPRI	NG GRO	OVE STAT	LE HO	SPITA.	
		DEATH [Enter only one	ceuse per lin	e for (a), (b), and (c).	1					INTERVA ONSET A	L BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure										
	+43X DUETO										
	Conditions, if ony, which \ (b) Hypertensive cardiovascular disease										
	geve rise to immediate cause										
	(a), stating the cause lest.	underlying									
Z		ER SIGNIFICANT CONDIT	IONS CONT	RIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART 1	(e) 19. W	AS AUTOPSY
ATIO										YES [ERFORMED?
CERTIFICATION	20e. ACCIDENT V	VAS UNDERLYING	20b. DESC	RIBE HOW INJURY O	CCURED. (Enter nature of injury in	Part t or Pert I	I of item 18.)		112	
CER	(IF EITHER, NOTIF	G CAUSE OF DEATH									
MEDICAL	20c. TIME OF INJ Hour a.m.		r 20d. It While et work	Not While		E OF INJURY (Home, ferry, street, office bldg., etc.		y or town)	(Count	y)	(Stele)
		MAL (ME (this hospite	al) attend	ed the deceased	from	Sent. 13	12 67 to	Nov. 9	. 19	61 that (XX (we) last
	sour the doses	ased alive on	Nov. 9	1067	d that	leath occured at a	IO from	n the causes	and on th	e date s	tated above
	22e. SIGNATURE		₹\$,₩2,¥., #,2		d mai c	Jean occured and		III III Cadoo C	and on m	0 0010 3	22b. DATE
	stella Warlster M					M.D. ATTENDING MED. STAFF PHYS. TIL-9-61 SIGNED					
	22c. PHYSICIAN'S		Nachs]	ler, M. D.		22d. ADDRESS SP		ROVE STATE		SPITA nd	L
23	a. BURIAL, CREMA		EOF	23c. NAME OF CEN	AETERY OF			ATION (City, low			(Stete)
	REMOVAL (Specify Burial	Nov 10/6	57	Hehrew V	Ollne	Mon	Re7+	imore, M	3		
24	Burial Nov 10/61 Hebrew Young					2Sa. RE	C'D BY REGIS	TRAR 256. REG	ISTRAR'S SI	GNATURE	
		nson & Bros.	lna	6010 Pet =	+ R.	DATE	NOV 1 3	'61	Irthun 2	. Thank	C .
_	DOT. DGAT.	moon or bios.	-nc.	OUTO VEIR	L rd.	IDAIL					

TO HO TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Set may be retained by the hospital or attending physician.

Set TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should Set be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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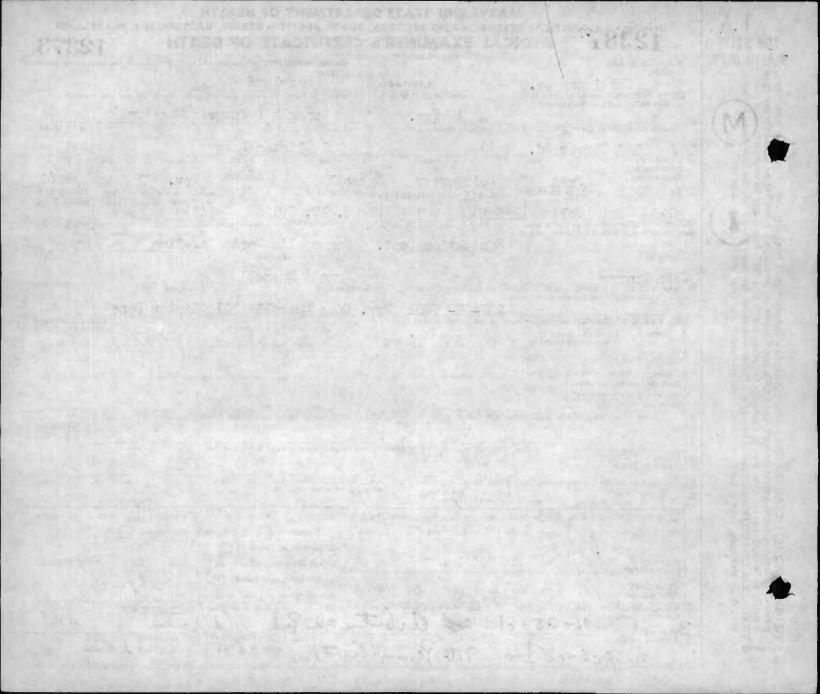
FOR STATE HEALTH DEPT.

ay is necessary, al director. Pege Health, is necessary, files. TO DEP MEDICAL EXAMINER: This certificate should be executed within 24 hours effer death. If any please exacts the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Itames 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 metrs after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12.35 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

He.			UI U							
1	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence be	ofore edmission)							
Н	Baltimore Co. MARYLAND	o. STATE Maryland b. COUNTY Baltimore								
-	b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neere								
	write RURAL end give neerest town)	X Dundalk (Turners Station)	, si 10 w 11,							
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS 0. IS RESIDENCE								
	10% Carver Rd.	201 Clinton Lane								
-	NAME OF First Middle	Lest 4. DATE Month Dey	Yeer							
	DECEASED	op DEATH Nov. 21	19 6]							
	6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8	t and the second	INDER 24 HRS.							
		ept. 12, 1912 lest birthdey) Months Deys Ho	ours Min.							
	a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY?									
	done during most of working life, even if retired) Sanitation Dept.	Kannapolis North Carolina								
1	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME									
	John Muray	Irma Russell								
	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address								
1		. Edna Russell 201 Clinton Lane								
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	^ / INTERVA	AL BETWEEN							
T	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) OR ON ANY OCCLUS, ON									
ľ	420,1 DUE TO									
	Conditions, if eny, which (b)									
geve rise to immediate cause										
	(e), stelling the underlying cause lest.									
1										
1 6	$\sqrt{}$		PERFORMED?							
TOTAL PROPERTY.	2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)									
			,							
1401001	20c. TIME OF INJURY Month, Day, Yeer 2Dd. INJURY OCCURRED 4Dd. INJURY OCCURRED 4Dd. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 4Dd. Month, Day, Yeer 4Dd. INJURY OCCURRED 4Dd. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)									
1										
	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner									
	ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER / DATE SIGNED									
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER TO DEPUTY MEDICAL EXAMINER TO A SIGNED									
7	EXAMINER'S MIB. DAVIS MD	Address (Street, city, town, or county)	1							
2	2a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, lown, or country) my	(Stoto)							
-	Bunial 11-25-61 Rep Cuba	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE								
1	Um. G. Jockson Inc. 916 Yeura.	Cre. #1 DATE NOV 2 4 '61 arthur 2. Knows								
-										



FOR STATE HEALTH DEP TO DEP. .. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any y is necessary, please execute the certificate, writing the word "pending" in pencil In Item 18. Give Pages 1, 2, and 3 to the tunarel director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Bealth, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours effect death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division STREET, BALTIMORE 1, MARYLAND 12374 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2. USUAL RESIDENCE (Where decessed lived, Il institution	n: Residence before edmission)							
e. STATE D. COUNTY	TIMIARE							
1777	end give neerest town)							
X Thusan								
d. STREET ADDRESS	e, IS RESIDENCE							
957 ELONGINIT A	ON A FARM?							
Lest 4. DATE Month	Dey Yeer							
RUTHERFORD DEATH NOV.	25 1961							
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ER 1 YEAR IF UNDER 24 HRS. S Deys Hours Min.							
STRY 11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT COUNTRY?							
WID.	USA							
Mary Ellen Glenn								
. INFORMANT Address								
urs, nutited ford 957 phi	RMIUNT							
	INTERVAL BETWEEN							
INFARCTION	ONSELAND DEATH							
	avea							
ery disease	LYRS							
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) PERFORMED PERFORMED YES NO 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.								
. (Enter neture of injury in Pert I or Pert II of item 18.)								
	County) (Stete)							
ectory, street, office bldg., etc.)								
20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, Hour e.m. P.m. 19 While Not While et work et work et work leaves in described above held an Autopsy leavesting that I took charge of the remains described above held an Autopsy leavesting the leavest in the remains described above held an Autopsy leavesting the leavest in the remains described above held an Autopsy leavesting the leavest in the remains described above held an Autopsy leavest in the leavest in the leavest in the leavest in the remains described above held an Autopsy leavest in the leavest								
ricide Homicide Indetermined manner								
icide, Homicide, Undetermined manner								
CHIEF MEDICAL EXAMINER	Date SIGNED							
CHIEF MEDICAL EXAMINER	DATE SIGNED							
CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Siree), city, lown, or county)	11-25-61							
CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, town, or county)	11-25-61							
CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, town, or county) Vational Baltimore	11-25-61 htty) (State)							
CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) OR CREMATORY 22d. LOCATION (City, town, or cou	11-25-61 htty) (State)							
	c. CITY OR TOWN (If outside corporete limits, write RURAL TOWSON Id. STREET ADDRESS 957 FARMOUNT A RUTHERFORD DEATH B. DATE OF BIRTH 9-24-10 STRY 11. BIRTHPLACE (State or foreign country) 12. 14. MOTHER'S MAIDEN NAME Mary Ellen Glenn INFORMANT Address RUTHERFORD 12. 14. MOTHER'S MAIDEN NAME Mary Ellen Glenn INFORMANT Address RUTHERFORD REAL TON CRY DISEASE NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P (Enter nature of injury in Part I or Part II of item 1B.) PLACE OF INJURY (Home, form, 20f. (City or town) ectory, street, office bidg., etc.)							

CHATTER OF THE STATE OF THE STA EST ENGLISHED AVENUE STOP STRUGGET OF W/28 - Togg terres of which the second was a fall to the The Charles of the ALIKE THE PROPERTY CLYCER PARTIES FROM STAN STAN STAN STAN you will they also 11-1591 piles huntain the best of the charter PART TENERAL LANGUE RESIDENCE DE SE CALMEN HOTEL DISENCE BANK I Miller and addition of the 12 52-14 AND INCHES Maritim of High and the exception foncions complified for the Company b. . of-Toydow, Love, Love, York Cand. Toward | World of Toward of the Control of

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 12375

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission)
Baltimore MARYLAND	e. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town)
write RURAL and give nearest town)	2.1.1
Fort Howard 13 Days	Baltimore 3V01-T
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	4 23 South Parrish Street
3. NAME OF First Middle	Last 4. DATE Month Day Year
DECEASED (Type or print)	RYAN OF DEATH November 20 1961
F. SEX 6. COLOR OR RACE 7. MARRIED 1	RYAN November 20 1961 Date of Birth 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	last birthday) Months Days Hours Min.
	lay 4, 1895 66 yrs. 6
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHALACE (County & Liste, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Salesman Department Store	Cumberland, Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	73.11 67 1
Francis E. Ryan 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Edith Obet Z Address
(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	
	n Rec VAH Baltimore Md - Ft Havard Division
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RTGHT 1	OWER LOBE PNEUMONTA 2 DAYS
DUE TO	WINT TWO THROUGHTU
Conditions, if any, which gave rise to immediate cause	IL THROMBOSIS 2 DAYS
(e), stating the underlying DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED?
ARTERIOSCLEROTIC HEART DISEASE: CONGR	STIVE HEART FAILURE YES NO [X]
2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUREI	O. (Enter nature of injury in Part I or Part II of item 18.)
ARTERIOSCIEROTIC HEART DISEASE; CONGI- 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
p.m. 19 at work et work	
21 certify that ((this hospital) attended the deceased from.	Nov. 7, 1961 to Nov. 20. 1961, that (X) (we) last
leave the deceased alive on NOV - 20 1967 and the	t death occured at
22a. SIGNATURE	22b. DATE
	ATTENDING MED STAFF SIGNED
	A.D. PHYS. DIRECTOR PHYS. X 11-20-61
NAME (Type	
JOHN D. TALBERT M.D.	VAH Baltimore Md - Ft Howard Division
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
Burial 11-23-61 Loudon Park (emetery Baltimore Maryland
24 SINERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1913 W. Balt:	imore St MOV 2 4 '61 Orthur S. Kraus
Frederick A. Cole Baltimore 23	

The course plant force to the land without to high course at

AN THE RESIDENCE OF THE PARTY O

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A.B. 19 - S Tolking Long County County County State St

Page 1 wells on branch a - in once have that

The second rest in the second rest in their

Abderick a. Date - Baltimere 23 Mg

FOR STATE HEALTH DEPT.

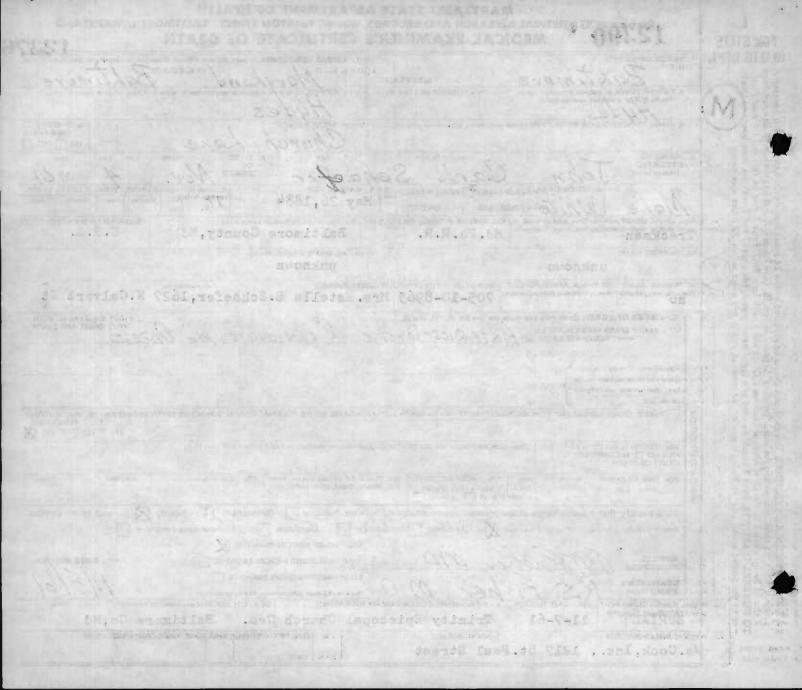
TO DEP T MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, He please execute the certificate, writing the word "pending" in pencil in Item 88. Give Pages 1, 2, and 3 to the funcial director. Page TV should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, or its designated agent, prior to burial, cremation, or removal, and in any evont within 72 hours after death. VS. A15ME

5M 9/60

	MARY	LAND STATE DI	PARTMENT OF	HEALTH	
Qivision of STAT	ISTICAL RESEARC	CH AND RECORDS,	301 W. PRESTON	STREET, BALTIMORE	1, MARYLAND
12390	MEDICAL	EXAMINER'S	CERTIFICATE	STREET, BALTIMORE OF DEATH	100%

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) e. STATE 4
Baltimore MARYLAND	MaryLand Dahlimore
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	
write RURAL end/give nearest town)	$\vee U$. /
Hudes	174aes
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET, ADDRESS
	Church Lane ON A FARM?
NAME OF First Middle	
NAME OF DECEASED First Middle	Lasi 4. DATE Month Day Year
(Type or print) John Carb Sc.	haer DEATH NOV. 4 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	May 26.1884 77st birthdey Months Deys Hours Min.
//lake While widowed DIVORCED	yrs.
On USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	
Trackman Md. Pa. R.R.	Baltimore County, Md U.S.A.
3. FATHER'S NAME	
	14. MOTHER'S MAIDEN NAME
unknown	unknown
	INFORMANT Address
Yes, no, or unkown) (lifyesgive werordelesofservice) 705-10-8965 Mr	rs. Estella E. Schaefer, 1627 N. Calvert St
	+
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: 4 PTO PIOCO COMPT	ic Cydio1950 Jan Usease ONSET AND DEATH
IMMEDIATE CAUSE (a) MATERIOS CIEPOT	TO CAN A TO A COSE OF THE A SECOND
7221 DUE TO	
Conditions, if any, which (b)	
gave rise to immediate cause	
(e), stating the underlying	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	YES NO IX
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTIN	(Enter nature of injury in Pert I or Part II of Item 18.)
PRIMARY Or CONTRIBUTING	
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ctory, street, office bldg., etc.)
p.m. 19 et work et work	
21. I certify that I took charge of the remains described above, h	neld an Autopsy , Inspection , Inquiry , and in my opinion
death resulted from: Natural causes X, Accident , Sui	icide . Homicide . Undetermined manner
A L	
Deale 1 ann	CHIEF MEDICAL EXAMINER
ACTUAL ROTENSEY MD	ACCICTANT MEDICAL EVAMINED TO DETP SIGNED
SIGNATURE (V) F MILEV 11 P	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE OF ANDERS OF THE STATE OF THE STAT	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S RS FISHER M.O	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county)
SIGNATURE EXAMINER'S NAME (Type) 22. BURNAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CO.	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county) OR CREMATORY 22d. LOCATION (City, lown, or country) (Stete)
EXAMINER'S RS FISHER M.O	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county) OR CREMATORY 22d. LOCATION (City, lown, or country) (Stete)
SIGNATURE EXAMINER'S NAME (Type) 2a. BURIAL, CREMATION, PENOVAL (Specify) BURIAL 11-7-61 Trinity Episco	M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county) OR CREMATORY 22d. LOCATION (City, lown, or country) (Stete)
SIGNATURE EXAMINER'S NAME (Type) 12a. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL 11-7-61 Trinity Episco 23. FUNERAL DIRECTOR ADDRESS	DEPUTY MEDICAL EXAMINER DEPUTY
SIGNATURE EXAMINER'S NAME (Type) Proposity Evan Burial, Cremation, 22b. Date thereof Evan Surial, Specify Burial (Specify) 11-7-61 Trinity Episco	DEPUTY MEDICAL EXAMINER DEPUTY



TO HOSPIT

VR A15 (4) 15M 9/59

12391

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12377

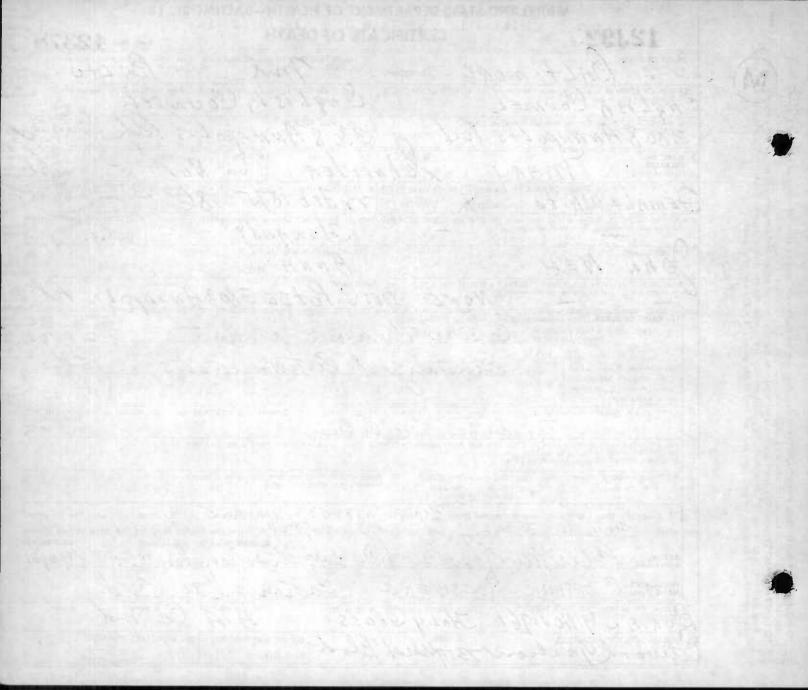
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAN		o. STATE Mai	ere deceased y land	1		e before admission) Arundel	
b. CITY OR TOWN RURAL ond give	(If outside corporate limingerest town) Catons ville		th23 day		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glen Burnie, Maryland					
OR INSTITUTION	PITAL (If not in haspital, g ROVE STATE				d. STREET ADDRESS	Ly Roa	d	ODX	e. IS RESIDENCE ON A FARA	
3. NAME OF DECEASED (Type or print)	Fir Louis		Middle		Schmincke	4. DATE OF DEATH	Mon Noven	_	Day Year 6 1961	
5. SEX			NEVER MARRIED [DATE OF BIRTH		9. AGE (In years last birthday)	-	YEAR IF UNDER 24 Days Hours M	
male	white	WIDOWED		-	May 14, 1900		OL yrs.			
unknown	irking life, even if refired	dane 10b. KIND	OF BUSINESS OR IN		unknown	1	ountry)		. S. A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME / /				
unknown					unknown	-			7	
15. WAS DECEASED EV (Yes, no. or unknown)	/ER IN U. S. ARMED FOR (If yes, give wor or dates of a		IAL SECURITY NO.	7, INFO	RMANT		Addi	ress		
unknown		unkr	nown	Reco	rds: SPRING	G CROV	E SPATE	HOSPI	TAL	
	EATH [Enter only one content of the	D		a nd	congestive	hea rt	failure		INTERVAL BETWEE	
ICATIC	immediate DUE TO g the <u>under-</u> (c THER SIGNIFICANT CON) DITIONS <u>CONT</u>	DUETE.	BUT NO	OT RELATED TO THE TERMIN			EN IN PART	1(a) 19. WAS AUTO PERFORMED YES A NO	
	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCU	JRRED. (Enter noture of injury in P	art I or Port	t II of item 1B.)			
ZOc. TIME OF INJU Hour a. m. p. m.	. 10	While	Y OCCURRED 20e Not while at wark		OF INJURY (Hame, farm, y, street, office bldg., etc.		or town)	(Co	ounty) (S	
21. I certify the sow the deced	at M (this haspital) attended y	the deceased from 19_61, and the	at dea	May 23 19				date stated abo	
22c. PHYSICIAN'S	to boly	orde	ley.	М.С	22d ADDRESS	RECTOR RECTOR	GROVE S	TATE	HOSPITAL	
NAME (Type)	H.I.Cholmon	delev	4					Marvl		
23a. BURIAL, CREMATI REMOVAL (Specif	ION, 23b. DATE THEREC	OF 230	Celar	YORC			TION (City, town,	or caunty)	(Stote)	
24. FUNERAL DIRECTO	R'S SIGNATURE	Hon	ADDRESS	E T	Parface DATE N	BY REGIST	1 - 4	STRAR'S SIGI		
			50	3/	rud.					

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

or ATTEN

15M 9/58



1	- 1		MARYLAND STATE DE	PARTMENT OF HE		
,	G	1	12333 CERTIFICAT		reet, baltimore 1, ma 123	79
s after funera should	(IAI	F	LACE OF DEATH		Where deceased lived, If institution: b. COUNTY	Residence before admission)
ours he fu 2 st			Dallimore MARYLAND	in L	No-c	eltimore
by the and 2 death.			CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outs	side corporate limits, write RURAL an	d give nearest town;
filled in Pages 1 urs after	X	-	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	une ma	e. IS RESIDENCE ON A FARM?
Per Filling	1		30 25 Freeway		eeway	YES NO H
mpleter paper		3.	VAME OF DECEASED Type or print) Middle		DATE Month OF DEATH	2 Z 19 6/
9 8 4		5.	11-00016	8. DAJE OF BIRTH	9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
and and carb		1	nale white WIDOWED DIVORCED	8/19/61	last birthday) Months yrs.	Days Hours Min.
ificat ician iove ever		10a do	USUAL OCCUPATION (Give kind of work eduring month of working life, even if retired)	TRY 11. BIRTHPLACE (County & !		IZEN OF WHAT COUNTRY?
phys rem any		13.	Cheld none	14. MOTHER'S MAIDEN NAM		KS A
ling lease			Robert Schatt	Helen I	ipton	
the d then ten pien pal, ar		15. (Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT)	Address	
hat II ihe a ihe a move			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]	of Robert S	schou 30	25 TREEWAY
ician by ermil			PART I. DEATH WAS CAUSED BY: 1) / - 0 0 . An T	in (Inthe	eneral) uni	ONSET AND DEATE
phys gned gned ssit p			1 MMEDIATE CAUSE (a) VIA A MILECULA DUE TO	un (organ	my min	
ding en si errar	1		Conditions, it any, which (b) Overwhelma	is Toxem	ia	
The stends be			gave rise to immediate cause (a), stating the underlying			
or or en the late burish	0	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL D	DISEASE CONDITION GIVEN IN PAR	T I(a) 19. WAS AUTOPSY
infication of the second	2	CATIC	Consenital Heart Derean	Type une	Delermines	YES NO NO
PHYSI the hos his cert for us		CERTIFICATION	208. ACCIDENT WAS UNDERLYING _ 206. DESCRIBE HOW INJURY OCCUR OR CONTRIBUTING _ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED, (Enter nature of injury in Part I	or Pert II of item 18.)	
d by After t ached		DICAL	Hour a.m. WhilaNot While fi	LACE OF INJURY (Home, ferm, 2 actory, street, office bldg., etc.)	20f. (City or town) (Co	unty) (Stata)
END taine taine BR: / Bet of cot. o		MEDI	p.m. 19 at work all work	rent 196	21, 10 11/22 , 19	GI, that (1) (we) last
CTC CTC Id by			21. I certify that (I) (this hospital) attended the deceased with saw the deceased alive on		,	
State	5		228 SIGNATURE 1 1	ATTENDING MED.	STAFF	22b. DATE SIGNED
144 199			200 PHYSICIAN'S	M.D. PHYS. DIREC	TOR PHYS.	
HOST TI ath. Fe t FUNERAL ector, page	*	1	NAME (Type) J.N. Frederick m)	1311 Francis	Ave. Balton	27, ml.
	1	23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	2	3d. LOCATION (City, town or coun	(State)
St. St.	0		Jurial 1/27/61 Set len 41	Even Com. T	RY REGISTRAR 25b. REGISTRAR'S	STENATURE
VR A15 (4 15M 9/60		24	TUNEBAL DIRECTOR'S SIGNATURE LOS THE HOLLS	Self DATENOV 2	4 '61	4
	7	F	040285 X V 5		CALLED A.	Trus

4 at b 3623 Presentary make white 19/12/18 Child- none Deltwork now A Robert debott STATE TO SELECT STATE the state of the state of the state of the state of Total place Line of the said to me were MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ma Visita in market and the hand AL OR ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a 4 may be retained by the hospital or attending physician. death. VR A1S (4) 15M 7/61

	19395		ERTIFICA				120	381
1. PLACE OF DEA	製工技会 マラ マラ マラ			2. USUAL RESI	ENCE (Where			sidence
	Bal timor	e	MARYLAND	a. STATE Ma	ryland	b. CO	Balt:	imor
b. CITY OR TOW	N (if outside corporate limits and give nearest town)	c. LEN	IGTH OF STAY IN 16	c. CITY OR TOV		rporate limits, w	rite RURAL end	give ne
WITHE KORAL	Overlea			X OV	erlea			
d. NAME OF HO	SPITAL OR INSTITUTION (if	not in hospital, giv	re street eddress)	d. STREET ADDR				1
2	3 Glenmore	Ave		1 23	Gl enmor	o Ave		
3. NAME OF	First		Middle	Last	4. DATE		nth	Day
(Type or print)	17.4 m	-47	m Col	7.4	OF	H at	7.7	,
5. SEX	6. COLOR OR RACE			nultz B. DATE OF BIRTH		9. AGE (In year	ov. 17	
25.2					00	last birthday		eys
Male	White ATION (Give kind of work	WIDOWED _	DIVORCED	July 3, 18	89	72 yrs.	1 145 5	
done during most of	working life, even if retired) IUB. KIND OF B	SUSINESS OR INDUST	TRY 11. BIRTHPLACE (County & State, o	r toreign countr	y) 12. CITIZ	EN OF
Assemb		Airc	raft	Indi		113 17	U	SI
13. FATHER'S NAME				14. MOTHER'S MAI	DEN NAME			
	Theodore	Schultz		El	izabeth	Kretzme	ier	
15. WAS DECEASED	EVER IN U.S. ARMED FOR	ES? 16. SOCIAL	SECURITY NO. 17.	INFORMANT		Addre	955	
(Yes, no, or unkown)	(If yes give wer or dates of ser		00101				-	
NO CALLER OF	D SAPRONE IC.		-0949A M	rs. Esther	G. Schul	tz 23	Glenmor	
	F DEATH [Enter only one of ATH WAS CAUSED BY:	cause per line for (e			,	1 1		ONSE
				. /				
	IMMEDIATE CAUSE (a)_	Cerebi	0-Vasi	when a	Mie	Cerl		1
160.	IMMEDIATE CAUSE (a)	0	•	11	1			1
160.	2 DUE TO	0	•	11	1			12
Conditions, if a geve rise to imm	DUE TO eny, which (b)	0	nome	11	intr		J	12
Conditions, if e geve rise to imm (e), stating the	DUE TO eny, which (b)	0	•	11	1		·	12
Conditions, if e geve rise to imm (e), stating the cause lest.	DUE TO (b)_ ediate cause underlying DUE TO (c)_	Cares	nome	c Pt C	intr	un		1
Conditions, if e geve rise to imm (e), stating the cause lest.	DUE TO eny, which (b)	Cares	nome	c Pt C	intr	un		1
Conditions, if e geve rise to imm (e), stating the cause lest. PART II. OT	DUE TO (b)_ ediate cause underlying DUE TO (c)_	Cares	nome	c Pt C	intr	un) (e) 19.
Conditions, if e geve rise to imm (e), stating the cause lest. PART II. OT	DUE TO DOINY, which ediate cause underlying HER SIGNIFICANT CONDITION WAS UNDERLYING	Carci ONS CONTRIBUTION ON THE CONTRIBUTION	nome with	c Pt C	intr tusta RMINAL DISEAS	LALS CONDITION G) (e) 19.
Conditions, if e geve rise to imm (e), stating the cause lest. PART II. OT OR CONTRIBUTION	DUE TO cony, which ediete cause underlying HER SIGNIFICANT CONDITI	Carci ONS CONTRIBUTION ON THE CONTRIBUTION	nome with	the Mer	intr tusta RMINAL DISEAS	LALS CONDITION G) (e) 19.
Conditions, if e geve rise to imm (e), stating the cause lest. PART II. OT OR CONTRIBUTION (IF EITHER, NOT	DUE TO (b) (c) HER SIGNIFICANT CONDITION WAS UNDERLYING NG CAUSE OF DEATH HEY MEDICAL EXAMINER)	ONS CONTRIBUTION ONS CONTRIBU	MOVILLAND TO DEATH, BUT NO SULLETOWN INJURY OCCURE	D. (Enter neture of injur	intr tusta RMINAL DISEAS V in Pert I or Pert	CONDITION G	SIVEN IN PART I	2 (e) 19. YE
Conditions, if e geve rise to imm (e), stating the cause lest. PART II. OT OR CONTRIBUTION (IF EITHER, NOT	DUE TO (b) (c) (c) HER SIGNIFICANT CONDITION WAS UNDERLYING NG CAUSE OF DEATH HEY MEDICAL EXAMINER) NULLY Month, Dey, Year	ONS CONTRIBUTION ONS CONTRIBU	MO TO LEATH BUT N COURTED 200. PL	the Mer	Tusta RMINAL DISEAS y in Pert I or Pert form, ; 20f. (C	CONDITION G		2 (e) 19. YE
Conditions, if egeve rise to imm (e), stating the cause lest. PART II. OT OR CONTRIBUTION (IF EITHER, NOT	DUE TO (b) (c) (c) HER SIGNIFICANT CONDITION WAS UNDERLYING NG CAUSE OF DEATH IFY MEDICAL EXAMINER) NUURY Month, Dey, Year n.	ONS CONTRIBUTION ONS CONTRIBUTION 20b. DESCRIBE HC While Not	MOVILLAG TO DEATH, BUT N LLLL DW INJURY OCCURE DCCURRED 200, PL	OT RELATED TO THE TE	Tusta RMINAL DISEAS y in Pert I or Pert form, ; 20f. (C	CONDITION G	SIVEN IN PART I	2 (e) 19. YE:
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MARYLAND STATE DEPARTMENT OF HEALTH

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O DOS, OL OF ALLENDING PRISICIAN: The law requires that the death certificate be executed. This 24 hours after		IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer med in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	be filed with the State Dept, of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death
dearn certificate be		anding physician and	please remove carb	and in any event, w
law requires that the	ling physician.	an signed by the after	I-transit permit. Ther	emation, or removal,
FRISICIAN: Ine	the hospital or attence	his certificate has been	for use as the burial	th prior to burial, cre
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TO HOOK OF	death.	TO FUNERAL	director, page	be filed with t

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Burial

24 FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) writa RURAL and give neerest town) Fort Howard 62 Davs Baltimore 17 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO K Veterans Administration Hospital 1315 Brunt Street NAME OF 4. DATE Month DECEASED (Type or print) DEATH 28 19 61 CHARLES H. SCOTT November 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) WIDOWED DIVORCED Male May 15,1894 Negro 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) dona during most of working lifa, even if ratired) Laborer Construction Gloucester Co., Virginia U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles H. Scott 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | Catherine Burrell "Clinical Records, VAH, Baltimore 18, Maryland (Yas, no, or unkown) | (Ifyes give war or datas of service) FORT HOWARD DIVISION Yes WW I 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RECENT BRONCHOPNEUMONIA IMMEDIATE CAUSE (a) DUE TO CARCINOMA OF THE ESOPHAGUS UNKNOWN Conditions, if any, which gava risa to immediata cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY ATION PERFORMED? YES X NO CACHEXIA, EXTREME 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm,) 20f. (City or town) (County) (Stata) factory, streat, offica bldg., atc.) While Not While Hour a.m. at work | et work p.m. saw the deceased alive on....Nov.....2819..61., and that death occured at P.T.M, from the causes and on the date stated above. DATE 22a. SIGNATURE SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (THOMAS F. CRAHAN, M.D. VAH. BALTIMORE 18 MD. FT. HOWARD DIVISION 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)

Baltimore National Cemetery Baltimore 28, Maryland

ADDRES 1000 Brantley Ave REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Elroy O. Wilson Funeral Home, Baltimore 17, Mens DEG 6 '61

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January 1995

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MANUAL F. ORANGE, M.D.

TO HOS; LEL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

JO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death-

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12383

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
Baltimore MARYLAND	a. STATE Md. b. COUNTY BALL OF C.
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearast town)	X Towson
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
1006 Concordia Drive	1006 Concordia Drive VES NO A
3. NAME OF First Middle	Last 4, DATE Month Day Year
DECEASED (Type or print)	Selph DEATH Nov. 27 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A last birthday) Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUST	Torus 30, 1905 50 yrs.
done during most of working life, even if retired)	1101
13. FATHER'S NAME O	Maryland USA
C 10.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Harriett Shaunessey INFORMANT Address
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyes give war or dates of service)	1 · 11 C 1 1
210309//5	lgin W. Selph same
18. CAUSE OF DEATH [Enter only ona cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) DIONCHO GEN	is careinong
1621 DUE TO	
Conditions, if any, which (b)	
gava risa to immediate causa (a), stating the underlying DUE TO	
cause last. (c)	
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	YES NO .
208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. yhile Not Whila at work at work	intry, street, other steat, other
21. I certify that (I) (this hospital) attended the deceased from	26 Aug. 196/102 8/VOY, 1941, that (1) (we) last
772	t death occured at 2
22a. SIGNATURE	22b, DATE
(Implement	ALD. ATTENDING MED. STAFF PHYS. 28Nov6/ SIGNED
22c. PHYSICIAN'S	22d. ADDRESS
NAME (Type Dr. Anderson M. Renick Jr	. 1101 St. Paul Street Balto. 2, Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	
Burial (Specify) 11-30-61 Moreland M	em. Park Baltimore Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1 10 0 1 =20= 11 1 101	DATE DEC 1 '61 Chilling S. Water
Leonard J. Ruck 5305 Harford Rd.	

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MEDICAL CERTIFICATION

DIVISION OF STATISTICAL RESEA	LAND STATE DE			ODE 1 MAE	VIAND
12398		E OF DEATH		123	84
PLACE OF DEATH		2. USUAL RESIDENCE	CE (Where deceased lived,		dence before admission
Baltimore	MARYLAND		vland		WIFE
o. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporete limits, w	rite RURAL end gi	ve neerest town)
write RURAL end give neerest town)	05 5	Y			
ort Howard	25 Days	Upperco			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	pital, giva streat address)	d. STREET ADDRESS			a. IS RESIDENCE
eterans Administration Ho	enital	Trenton R	hen		YES NO Y
NAME OF First	Middle	Last	4. DATE Mo	nth D	ley Year
DECEASED			OF		
Type or print) HERBERT	E	SHAFFER	DEATH NOVE	ember 1	1961
SEX 6. COLOR OR RACE 7. MARRIE	D Y NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In year	IS IF UNDER 1 YE	
		1 31 300	last birthdey	Months Dey	s Hours Min.
Male White WIDOWE		ept. 14, 189			
USUAL OCCUPATION (Give kind of work a during most of working life, even if retired)	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & Stete, or foreign countr	y) 12. CITIZEN	OF WHAT COUNTRY
Carpenter		Maryl	and	TT	S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	U.	D.A.
		THE MOTITER O'MAINERY			
William Shaffer		Mary E. Par	tterson		
WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Addr	855	
(Ifyesgivewerordetesofservice)	07.	D. TEATE D	-7.1.1	731 77	
Yes WW-1		n Rec VAH B	altimore Md -	· Ft Howa	
18. CAUSE OF DEATH [Enter only one cause per I	ine for (a), (b), and (c).]				ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARC	NOMA OF THE CO	שיים אידיים אוס.זי	ASTASTS		UNKNOWN
153.8 DUE TO	I THE O	SHOW WITH PERI	מנמאוטא		
Conditions, if eny, which \ (b)					
gave rise to immadiate causa					
(a), stating the underlying DUE TO				10000	
ceuse last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	AL DISEASE CONDITION C	IVEN IN PART 1(a	
					PERFORMED?
					YES NO X
200. ACCIDENT WAS UNDERLYING ☐ 2Db. DES OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in i	Part I or Part II of item 18.)	6.	
20c. TIME OF INJURY Month, Day, Year 2Dd.	INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm	, 20f. (City or town)	(County)	(Stata)
Hour a.m. While		ory, streat, office bldg., etc.		, , , , ,	
p.m. 19 at wor	k at work				
21. I certify that N (this hospital) attended	ded the deceased from (October 23	1967 to Novemb	or 77 1067	that M (wa) la
Mor 17					
saw the deceased alive on Nov. 17	19.61, and that	death occured at	M, from the cause	s and on the	date stated abov
22e. SIGNATURE	1				22b. DATE
a Nemala W 17		DILLING TO D	AED. STAFF	1	SIGNE
22c, PHYSICIAN'S	livary "	.D. PHYS. D	X		11-17-
NAME (Type)	. 25 5				
NAME (Type) Donald W. Stewar	rt M.D.	VAH Baltin	nore Md - Ft	Howard D	ivision
BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY		23d. LOCATION (City,		(Stete)

23a REMOVAL (Specify)

Joseph F. Eline & Son

11-20-61 Burial 24 FUNERAL DIRECTOR'S SIGNATURE

Church Cemetery Christ Church C

REC'D BY REGISTRAR | 256. REGISTRAR'S SIGNATURE

Reisterstown Md

DATE NOV 2 1 '61

Colling S. House

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William Stoffer

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12385

1. PLACE OF DEATH o. COUNTY Balt	imore		MARYL		2. USUAL RESIDE	AND	here decease		nstitutio DUNTY	n: Resider	nce befor	re admissi	on)
RURAL ond give no			c. LENGTH OF STAY IN	ч 16	c. CITY OR TO	WN (If o		orote limits,	write RU	RAL ond	give neo	rest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, s	give street	oddress)		d. STREET ADI		דער אינד	DAILID					FARM?
7506 Sla	de Avenue				7500	DLA	DE AVI	ENUE				YES [NO 🗆
3. NAME OF DECEASED (Type or print)	Fii REB		Middle FT.AX	SH	Last EAR.		4. DATE OF DEATH	NOVE	Mont		Do	,	eor 9 61
S. SEX	6. COLOR OR RACE		RIED NEVER MARRIED		DATE OF BIRTH		1	9. AGE (In			RIYEAR	IF UNDE	
FEMALE	WHITE	WIDOW	ED 🔀 DIVORCED		SEPTEMBE		,1900		ndoy) yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPATION during mast of work HOUSEWI	ting life, even if retired)	KIND OF BUSINESS OR	INDUST	RUSSI		or foreign c	ountry)			USA	WHATC	OUNTRY?
13. FATHER'S NAME					14. MOTHER'S N	AAIDEN N	NAME						
MICHAEI	L RESNICK				MTI	NNIE	PLAT	יףי					
1S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT	14122	1 10111		Addre	955			
(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)		MRS	S. MICKE	Y BL	IDEN-	7506	SLAI	E AV	ENUE	E	
Conditions, if a gave rise to i cause (o), stating lying couse lost.	ny, which (be mediate the under-		ON CINC	TH BUT N	OT RELATED TO T	6	Ve a	E CONDITION	ON GIVE	EN IN PAI	RT 1(a) 1	2 90 9	ear
PART II. OTH	AS LINDERLYING [7]	20h DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of i	iniury in	Part i or Par	t II of item	18.1			YES	NO P
(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	200. 020	CRISE TION TROOK OF	COMMED.	(Emer Helere er								215
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	or 20d. I While at wor	Not while		CE OF INJURY (He pry, street, office b			y or tawn)			(County)		(State)
saw the deceas	it (1) (this haspita sed alive an	. 10	ded the deceased f		ath accurred	- 1	60, .ta_ .M, fram	the caus	es and			, , ,	ve) last abave.
22a. SIGNATURE	alan	Be	instein	м.		DI X	ED.	STAFF PHYS. [11/4	SIONED
22c. PHYSICIAN'S NAME (Type)	Alan Berr	stei	n, M.D.	3	22d. ADDRES	819	7 Pa	rk #	hue	B	al	+()	<u>'</u>
23a. BURIAL, CREMATIC REMOVAL (Specify) BURIAL		OF	23c. NAME OF CEMET			GE		TIMOR		r county)	AND	(Stote)
24, FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		1	25a. REC	D BY REGIS	TRAR 2SE	REGIS	TRAR'S S	IGNATU	RE	
SOL. LEVINS	SON & BROS.	INC	. 6010 Reist	Ros	ad I	DATE N	10V 1 3	'61	a	thun	8. Kus	Chan	



VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH

	1241	DIVIS	ION OF	CERTI		TE OF D			MARYLAND	228	63	
	PLACE OF DEATH O. COUNTY Baltimo	ore		MAR	YLAND	2. USUAL RESI a. STATE Md.	DENCE (W	here deceased	l lived. If instituti b. COUNTY	on: Residence	before o	odmission)
		f outside corporate lim	its, write	c. LENGTH OF STA	Y IN 1b		TOWN (If	outside corpor	rate limits, write R	URAL ond giv	e neares	t town)
	Baltimo			l vr.		Bal	timo:	re		31	101	4
	d. NAME OF HOSPITA	AL (If not in hospital, s	give street	oddress)		d. STREET A	DDRESS			11-1-1		IS RESIDENCE
		7illa-Bel	1ona	Ave.		103	1 N.	Calv	ert St.			ES NO
3.	NAME OF DECEASED	Fi	rst	Middl	е	las	t	4. DATE	Mor	nth	Day	Yeor
	(Type or print)	Elizabet	h	Turnbu	11	Shoema	ker	OF DEATH	Nov.	2	4	19 6
S.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARR		8. DATE OF BIRT			9. AGE (In years	IF UNDER 1	YEAR IF	UNDER 24 HI
	F	W	WIDOW	ED 🛱 DIVORC	ED 🔲	6-9-18	71		90 yrs.	Months D	ays H	lours Min
10c	. USUAL OCCUPATIO	N (Give kind af wark	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State	ar foreign co	ountry)	12. CITIZE	N OF W	HAT COUNTR
	none	ing life, even if retired)			Mar	ylan	d		U	SA	
13.	FATHER'S NAME				-10	14. MOTHER'S	MAIDEN N	NAME				
		Nisbet	Tu	rnbull		Oli	via	Whi	tridge			
15.	WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. IN	FORMANT	7	******	Add	ress		
(Ye	s. no. or unknown) (If yes, give war or dates of s	ervice)	_	Re	cords	of Me	ercv '	Villa			
-		TH [Enter only one co	ouse per li	ne for (o), (b), and (c					4		INTERV	AL BETWEEN
		TH WAS CAUSED BY:	17	int.	-	h a Q		-/			ONSET	AND DEATH
	30	DUE TO	-	pinculan	pa	Carmer	na	an	ronic,		0	meni
	Conditions, if on			due to	po	rendot	ulbo	es Ro	alsu.	200	6	mont
	gove rise to in	nmediote (1 -0	, 1/	0	0		11		4	/
_	cause (a), stating t lying cause lost.) (0	:)	due to	K	crebros	ar	lerio	sclero	as,	at	8 480
CATION	PART II. OTH	er significant con	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THE TERM	INAL DISEASE	CONDITION GIV	/EN IN PART 1	1	WAS AUTOPS PERFORMED? ES NO
CERTIF	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY	OCCURRE	D. (Enter noture o	f injury in	Port 1 or Port	II of item 18.)			
MEDICAL		Y Manth, Day, Ye		NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, form	1, 20f. (City	or town)	(Co	unty)	(Sto
MED	Haur o.m. p.m.	19	While at war	Not while	100	lory, street, office	s blug., eld	.)				
		t (I) (this hospita	l) atton	ded the deceases	l fram	Oct	10	59. to	Nou	106/	that	//\ /\\ -
	saw the decease	11 3	ov /	m /1		landa garana			the environ			(I) (we) lo
	22a. SIGNATURE	ed dilve dil 7323	0	17-0-17 and	J THOT O	learn accurred	distant.	IVI, Iram	the causes an	an the	Jaie st	22b. DATE
,	MX	Henie	la,	Jr.		M.D. ATTENDIN	DI	ED.	STAFF PHYS.	11/23	5/61	SIGNI
	22c. PHYSICIAN'S NAME (Type)	W. B. J	Day	riels, J	r	22d. ADDR	£ 55	C	hase	57.	17	42)
230	BURIAL, CREMATION	N, 23b. DATE THEREC)F	23c. NAME OF CEA	METERY O	R CREMATORY		23d. LOCAT	ION (City, town,	or county)	-	(Stote)
	Burial	11-27-	61	St. Tho	mas			Garr	ison Fo	rest		Md.
H	FUNERAL DIRECTORS	SSIGNATURE SONS	Co.	4905 VOT	k Ro	oad	25a. REC'	D 8Y REGIST		STRAR'S SIGN		
	. W. O CITY II	is a solis		Balta 12	M.	J	DATE	V 2 8 '61	- Co. 15	- X. Th	round	
-				ACT CO.	7	× •		-				

TO HOSPIT VR A15 (4) 1SM 9/59

DATABLE EL and the second of the second ENTAGE O and the statement of the feet The same of the same of the same The desired 17 ST 18 ST

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12401 CERTIFICATE OF DEATH and complete willed in by the funeral carbon papers. Pages 1 and 2 should by within 72 hours after death. thin 24 hours aft The law requires that the death certificate be executed

Ξ	OF DEATH	12387	
	2. USUAL RESIDENCE	Where decessed lived, If institution, Residence before	edmissio
	e. STATE	b. COUNTY	1
1	3/7 -	3	

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution, R	sidence before edmission)
Occupity Baltimore Maryland	e. STATE b. COUNTY	_
b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and	give neerest town)
write RURAL end give neerest town)		1101 4
Fort Howard 63 days	Baltimore -18	VV
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Veterans Administration Hospital	3206 Loch Raven Road	YES NO
3. NAME OF First Middle	Last 4. DATE Month	Day Yeer
(Type or print) NATHAN - S	TT TENDMAN DEATH Marray	7 10 (7
	ILBERMAN November B. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1)	7 19 61 YEAR IF UNDER 24 HRS.
	lest birthdey) Months D	leys Hours Min.
	January 15, 1896 65 yrs. 1896	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	ZEN OF WHAT COUNTRY?
Insurance Agent Life Insurance C	o. Baltimore, Maryland U.	S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Abraham Silberman	Sarah Stern	
	INFORMANT Clinical Recordsdress VAH	2000 T1-
(Yes, no, or unkown) (Ifyesgivewerordetesofservice)		
	ven Blvd.Balto 18, MdFORT HOWA	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CONGESTIVE HEART	FAILURE, CHRONIC	Unknown
A D DUE TO		
Conditions, if eny, which \ (b) ARTERIOSCIEROTIC	HEADT DISEASE	Unknown
geve rise to immediate cause	HUMICE LIMENTE	DHAHOWH
(e), steting the underlying DUE TO		
cause lest. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
Fulmonary Emphys	sema.	YES NO X
E 20e. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURE	D. (Enter neture of injury in Pert I or Pert II of item 18.)	
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)		
ZOc. TIME OF INJURY Month, Dey, Yeer 20d, INJURY OCCURRED 20e. PL.	ACE OF INJURY (Home, ferm, 20f. (City or town) (Coun	ty) (State)
Hour a.m. WhileNot While fac	ctory, street, office bldg., etc.)	
21. I certify that X (this hospital) attended the deceased from.	Sept. 5 1961, to Nov. 7 196	L., that (X (we) last
saw the deceased alive onNov	t death occured at. P.J.M, from the causes and on the	ne date stated above.
22e. SIGNATURE		22b. DATE
	A.D. PHYS. DIRECTOR PHYS.	11/7/61
22c. PHYSICIAN'S (P. JOSE)	22d. ADDRESS	11/1/01
NAME (Type)		TIADD DITTETO
CHARLES E. ROWAN, M.D.	VAH, Baltimore 18, Md-FORT He	
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
BURTAL //-/0-6/ Baltimore Nat:	ional Cemetery Baltimore	Maryland
24 FUNERAL DIRECTOR'S SIGNATURE 2100 Eutaw Fige	250, REC'D BY REGISTRAR 256. REGISTRAR'S S	IGNATURE
Jack Lewis, Inc. Baltimore, Maryland	DATE NOV 9 '61 archus &	of the second
	Corchary	/ Usua

death.

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any every within 72 h ATTENDING PHYSICIAN: OR HOS S E VR A15 (4)

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England Constant Cons

No. I a raff food offi " Ladiged on Perdala with annual of

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Sa Pace Comment Com

DERECH SALES SALES

. T.S. D. Braffers . accoming the . of the manufacture.

Tov. 7 . Total . Company of the comp

Jack Lowin, Inc. Latering of Surpland

hin 24 hours after funeral TO HOST IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hour. To Host Prof. It was 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the signed of formal signed by the please remove carbon papers. Pages 1 and 2. See director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2. See filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

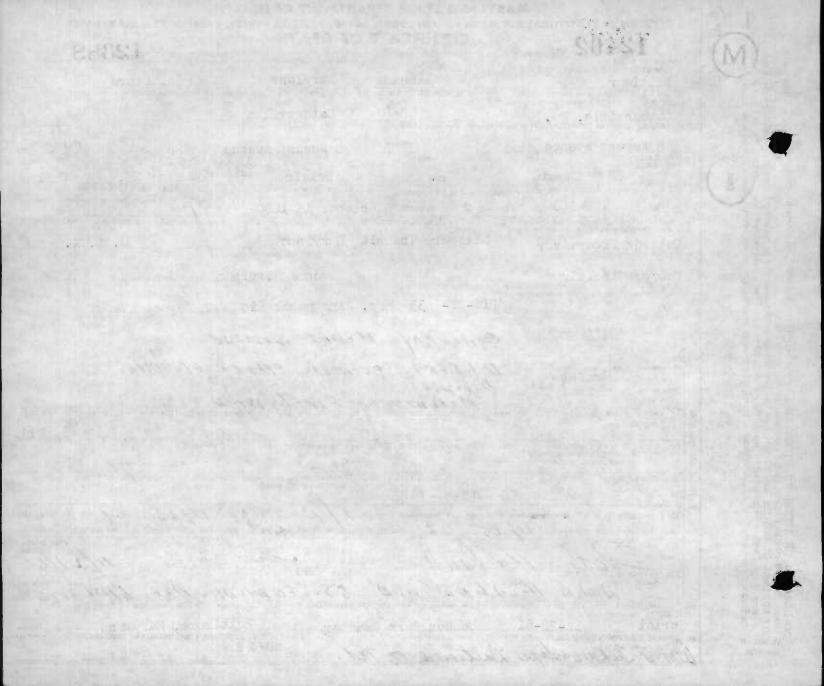
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

19:409

CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
_ Baltimore MARYLAND	a. State Balti more				
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b					
writa RURAL and giva nearast town)	V				
Catonsville, Md.	^ Catonsville				
d. NAME OF HOSPITAL OR INSTITUTION (if nof in hospital, give streef address)	d, STREET ADDRESS e, IS RESIDENCE ON A FARM?				
L August Avenue	4 August Avenue #28 YES NO				
3. NAME OF First Middle	Last 4. DATE "Month Day Year				
(Type or print) Thomas E.	Sinclair OF November 25, 1961				
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.				
Male White WIDOWED X DIVORCED 100	ctober 15 1880 Strinday Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY					
dona during most of working lifa, even if ratirad)					
Retired Supervisor Baltimore Transit					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Ceorge Sinclair	Rowenna Harrison				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IX	NFORMANT Addrass				
(Yes, no, or unkown) (Ifyesgive war or dates of sarvice)	Tomo Marana de S				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Jane Musacchio 4 August Avenue				
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH				
IMMEDIATE CAUSE (a) CORONPAY 10	TEART WISCHSE				
DUE TO					
Conditions, if any, which) (b) PRIERIU SEL	ESMODIC EPARAN-UPSPURA				
gave rice to immediate cause	Can do l'a				
(a), stating the undarlying DUE TO DISEMS					
cause last. (c) perman	y EMPLY SEMIL				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?				
I I	YES NO				
E 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Part I or Part II of item 18.)				
E 20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING ☐ CAUSE OF DEATH O [IF EITHER, NOTIFY MEDICAL EXAMINER]					
	CE OF INJURY (Home, farm, ', 20f. (City or town) (County) (State)				
	ory, street, office bldg., atc.)				
p.m. 19 at work at work					
21. I certify that (I) (this hospital) attended the deceased from	1960, to 1960, that (I) (we) last				
	death occured at M, from the causes and on the date stated above.				
22a. SIGNATURE	ATTENDING MED STAFF 22b. DATE SUGNED				
(-letter Hothau) M.	NINE A SIDECTOR DILVE				
22c. PHYSICIAN'S	22d. ADDRESS				
NAME (Typa)	MODER CHANGE AUG MUSICON COM				
JUNIO DAY TURNOS	DR CREMATORY 23d, LOCATION (City, fown or county) (State)				
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY C					
Burial 11-28-61 Loudon Park Ce	metery Baltimore, Maryland				
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
10m. J. Tickner & Sans Baltimore 17, 7	Nd. DATE NOV 2 8 '61 commy & Through				
WIII I SUNTE TO THE MALLETTER OF 11, 1"	Let .				



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Balto.

Days

(County)

Md.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

Days

PERFORMED? YES NO I

(State)

DATE SIGNED

e. IS RESIDENCE

ON A FARM?

YES NO

1061

4. " . Dried House and and distant THE STATE OF THE S 35 CHUCUSA, BUTTER DIE CHONNE - MERSON ... LOD A THE REST OF THE A STATE OF THE STA problem in the first and the second of the s BELLE Extend to 12 million to an appropriate to A. V. C. In the paper product to the contract of the contract

VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 9 Film (303 12/26/61 mh CERTIFICATE OF DEATH

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				K	eg. List: UNO JOY
Baltimose Maryland			2. USUAL RESIDENCE (W)	here deceased lived. If institution: b. COUNTY	Residence before admission)
b. CITY OR TOWN RURAL and give V111a	(If outside corporate limits, we nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF a	outside corporate limits, write RURA	AL and give nearest town)
d. NAME OF HOS	PITAL (If not in hospital, give :		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Mugo	burg Home		2912 Ba	uernwood Ave.	YES NO
3. NAME OF DECEASED (Type or print)	John Ja	cob Spangler	Last	4. DATE Month OF DEATH NOV. 26	Doy Yeor 19 61
5. SEX	- 4	MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF lost birthday) M	UNDER 1 YEAR IF UNDER 24 HRS. Ionths Doys Hours Min.
			Feb. 7, 187		
during most of w	ITION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Baltim		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		- 1 P. C. H	14. MOTHER'S MAIDEN N	NAME	
And	rew		? I	entz	
5. WAS DECEASED E	VER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	NFORMANT	Address	
(Yes, no, or unknown)	(If yes, give wor or dates of service	1)	Records Au	gsburg Home	6811 Campfiel
Conditions, if gove rise to cause (a), statin lying cause los	immediate DUE TO	(2) - arten	Deserve	the Heart	-6 yrs
PART II. C	THER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	WAS UNDERLYING 20b	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 18.)	100 100
_	URY Month, Doy, Year	20d. INJURY OCCURRED 20e. PL While Not while foot work at work	ACE OF INJURY (Home, form ctory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
21. I certify	that I attended the de	ceased from how. 1	nt: 196/, to	hor 26, 196/ the	at I last saw the deceased
alive an	how 25 Karl & Cha	. 11	accurred at	M, from the causes and a ADDRESS (Street, city or town, state of the ADDRESS Control OF THE	an the date stated above.
PHYSICIAN'S NAME (Type)	Forl L. C	ham berg -		/	
220. BURIAL, CREMAT REMOVAL (Speci	ful am	22c. NAME OF CEMETERY C	PR CREMATORY	22d. LOCATION (City, town, or c	county) (State)
S. FUNERAL DIRECTO		ADDRESS			AR'S SIGNATURE
MINK	emann	6067 Harford	Rd. DATE	76×	

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2912 Sunarguode Ave.

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19405

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

TETU			CERTIFIC	ATE OF DE	AIH		Reg. D	tstr No	204	
1. PLACE OF DEATH g. COUNTY	BALTIMORE	f outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits write RURAL and air					on: Reside	nce befo	ire admiss	ian)
b. CITY OR TOWN RURAL ond give	(If outside corporate lim nearest town) EDALE						give ne	arest tawn)	
d. NAME OF HOSP OR INSTITUTION	415 POTOMAC			d. STREET ADD	OMAC AVE.	1				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	PEARL	rst	T. STARKL	AUF Last	4. DATE OF DEATH	NOVEME		Do	,	Year 19 61
S. SEX Female	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH August 4,	1904	9. AGE (In years last birthday) 57 yrs.	IF UNDE Months	R 1 YEAR Days	Hours Hours	R 24 HRS Min.
during most at wo	ION (Give kind of work prking life, even if retired towife	done 10b.	KIND OF BUSINESS OR INDI		E (State or fareign of aryland	ountry)	12. CI	US US	WHATC	OUNTRY
13. FATHER'S NAME	?	Muell	.er	14. MOTHER'S MA						
1S. WAS DECEASED EV (Yes, no, or unknown)	/ER IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.		INFORMANT		Add		AVA	Zon	9.6
PART I. DE 422 Conditions, if gave rise to couse (a), stating lying cause last	g the <u>under-</u>		Iclera K ardes-v regarda	aprila	des	ar .		ON	erval BE SET AND / M	DEATH HO
ZOG. ACCIDENT W	VAS LINDERLYING [CONTRIBUTING TO DEATH BU				EN IN PA	RT 1(a)	PERFO	RMED?
OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU Hour a. m. p. m.		ar 20d. II While at war	Not while	LACE OF INJURY (Hon actary, street, office bl		or town)		(Caunty)		(State
21. I certify to alive an	that I attended the	deceas 19 G	ed fram. "Och (7 , 19 , the causes an treet, city ar tawn, affire			stated	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATI		- /	MILLER	M.II.	4321	Harf	2000	4	RX	
REMOVAL (Specif Burial 23. FUNERAL DIRECTO	Nov. 13,		22c. NAME OF CEMETERY: St. Paul's F: ADDRESS	ifth Ref.		TION (City, town, imore, ME TRAR 24b, REGI	ryla	nd	(Stat	B)
		211 C	hesaco Ave. Z		ATE NOV 1 4 '6		Way S.			

ANDRES - AND STREET S SECTION ALTER The second secon To the state of PROCESS OF THE PROPERTY OF THE p deminal. to dinot to district the state of the state water and bearing the street and the medical and the Shelpani griostylet . Ho . W. . Willy M. . Ch. . Med theory Maryland

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

12406		CERTIFI	CATE	OF DEATH			123	93	
PLACE OF DEATH			2. 1	JSUAL RESIDENCE (Who	ere decease			before admiss	sion)
Baltimore		MARYLA	AND	Maryland		b. COUNTY	321	Timor	e
b. CITY OR TOWN (If outside corporate RURAL and give negrest town)		c. LENGTH OF STAY IN	1 1b	. CITY OR TOWN (If or			URAL ond giv	e nearest town	n)
RURAL ond give negrest town) Baltimore (Bikesvi	lle#	1	Baltimore	e, (Pik	esville)			
d. NAME OF HOSPITAL (If not in hosp OR INSTITUTION	ital, give street o	ddress)	1	d. STREET ADDRESS		No the second		e. IS RES	SIDENCE A FARM?
3226 Smith A	venue			3226 Smit	th Ave	nue			NO [
NAME OF	First	Middle		Last	4. DATE	Mon			Yeor
DECEASED (Type or print) PEARL		YETTA		SUSSMAN	OF DEATH	Nove	mber 1	3,1961	19 61
. SEX 6. COLOR OR R	ACE 7. MARRIE	D NEVER MARRIED		TE OF BIRTH		9. AGE (In years		YEAR IF UND	ER 24 HRS
Female White	WIDOWED			1888	9	lost birthdoy) yrs.	Months D	loys Hours	Min.
Oa. USUAL OCCUPATION (Give kind of	work done 10b. K	IND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CITIZE	N OF WHAT	COUNTRY
during most of working life, even if re Housewife	erirea	At Home		Russia			USA	A	
3. FATHER'S NAME			14.	MOTHER'S MAIDEN N	IAME			200	
Joseph Morris				Pesi ?					
S. WAS DECEASED EVER IN U. S. ARMED	FORCES? 16. S	OCIAL SECURITY NO.	17. INFOR	TAAN		Add			
Yes, no, or unknown) (If yes, give war or da	fes of service)	no	Mrs.	Mae Gross-	3226	Smith A	venue		
1B. CAUSE OF DEATH [Enter only o	ne couse pealine		/	Mae Gloss				INTERVAL BE	ETWEEN
PART I. DEATH WAS CAUSED	BY: (Jan	and the 1	1200.	V Dulan	0			ONSET AND	DEATH
IMMEDIATE CAL		corcora v	Juli	A Telever	- K			J 41-60	R.A.
100.0	JE TO	The sch	on mi	^ /					
Conditions, if ony, which gove rise to immediate	(b)	120000	2001	A					
couse (o), stoting the under-	JE TO								
lying couse lost.	(c)								
PART II. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERMIT	NAL DISEAS	E CONDITION GIV	'EN IN PART 1	PERFC	DRMED?
	- Inches							YES	NO 📑
20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DE	20b. DESC	SIBE HOW INJURY OCC	CURRED. (En	ter noture of injury in P	Port I or Por	t II of item IB.)			
(IF EITHER, NOTIFY MEDICAL EXAMIN	VER)								
20c. TIME OF INJURY Month, Doy Hour o. m.	, Year 20d. IN. While	JURY OCCURRED 26	Oe. PLACE C foctory,	OF INJURY (Home, farm, street, office bldg., etc.	, 20f. (City	y or town)	(Cor	unty)	(Stote
p. m.	19 of work								
21. I certify that (I) (this has	pital) attende	d the deceased fr	rom	960 19	, .ta_	120-19	1961	, that (I) ((we) las
saw the deceased alive on_	1 -4 -/1	6 1		accurred of Qs.	M. from				
220. SIGNATURE		1)			1	19 July 10	-		b. DATE
lean 10 Mari	Lucer	tor	M.D.	ATTENDING ME	D. RECTOR	STAFF PHYS.	- Ju	CAR 19	SIGNED
22c. PHYSICIAN'S NAME (Type)	c P/Wa	why mis	C	22d. ADDRESS	01	02.1	1	77	11.0
(Kadi	1 100	man de sela	91.	1001 57 1	CALL (Dr. Da 11	(cud)	· e 4	mg
3a. BURIAL, CREMATION, 23b. DATE TH	HEREOF	23c. NAME OF CEMET	ERY OR CRE	MATORY	23d. LOCA	TION (City, town,	or county)	(Sto	ite)
Burial Nov 20	0/61	Har Zion T	ifere	th Israel	Ros	edale, Ma	aryland	i	
A ELINEDAL DIRECTORIS SIGNIATURE	/	ADDRESS				TDAD OCL DECL			

Sol. Levinson & Bros. Inc. 6010 Reist Road

VR A1S (4) 1SM 9/S9

EPICE ... emicral of the data Laboratopi . Data ... on

thin 24 hours after Pages 1 and 2 should TO HOSPETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho death.

4 may be retained by the hospital or attending physician.

TO FUNCATAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deap VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12407 CERTIFICATE OF DEATH 12394

1240)7		CERTIFICA	TE OF DEAT	ГH		123	94
1. PLACE OF DEATS	H			2. USUAL RESIDE	NCE (Where de	ceased lived, If ins	titution: Resider	nce before admission
Ba	ltimore		MARYLAND	a. STATE Mar	yland	b. COUNTY	Balti	more
Baltimo	(if outside corporate lim d give nearest town) re 7		c. LENGTH OF STAY IN 16 9 1/2 yrs	Baltimo		orate limits, write R	URAL and give	nearest town)
	Lukes La		pital, give street eddress)	d. STREET ADDRESS	Lukes	Lane	1	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Mrs. Er		Middle K.	Thomas	4. DATE OF DEATH	Month	Day 10	
5. SEX Female	White	WIDOWE	DIVORCED	June 1, 18	92	OB yrs.	Aonths Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPAT done during most of wo Cafeteri	orking life, even if retir	ed)	MD OF BUSINESS OR INDUST & P Telephone	~	-	foreign country) . , Marylan	0	A.
13. FATHER'S NAME	y Knadler			14. MOTHER'S MAIDEN Alice C.	NAME		a ·	
15. WAS DECEASED EV (Yes, no, or unkown) (I	FR IN U.S. ARMED FOI Ifyesgive war or dates of		SOCIAL SECURITY NO. 17.		Uhler,	3208°5t	-	
Conditions, if eny geve rise to immedi (e), stating the u cause last.	inderlying DUE TO			Smeet per			6	NSET AND DEATH
ІСАТІС	AS UNDERLYING		TRIBUTING TO DEATH BUT NO					19. WAS AUTOPSY PERFORMED? YES NO
	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURE). (tinter nature of injury in	Pert I or Pert II	of item 18.)		
Hour e.m.	IRY Month, Dey, Ye	While		ACE OF INJURY (Home, far tory, street, office bldg., et	rm, 20f. (City	or town)	(County)	(State)
saw the deceas	hat (I) (this hospi sed alive on	///	fed the deceased from	/ / ~	No. of Lot of Lo	. / /		that (I) (we) lass ate stated above
22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Eduir	Mas	The state of the s	22d. ADDRESS	MED. DIRECTOR	STAFF PHYS.		22b. DATE SIGNED
23a. BURIAL, CREMATI	Dr. Edwin	-	23c. NAME OF CEMETERY	8204 Lib		. Dal to	7, Md.	
REMOVAL (Specify)	11/13/6		Western Cem			timore,	Mary]	lan d
24 FUNETAL DIRECTOR	Syllne	/	8728 Fiberty Randallstown	Road 25a. RE	NOV 1 4 '6	RAR 25b. REGIS	trar's signa thun S. Kr	

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delves .			
* * *	.of Lab .bE winded 2020		PERSON NO DESCRIPTION
DOWLYNE !	Venetory deltimotor.	Kosterna	forst large
	AND THE PARTY OF T	4177 - 51E	
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filled in by the funeral Pages I apa 2 should ithin 24 hours after

TO HOS TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. The 4 may be retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete, filled in a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12408 CERTIFICATE OF DEATH

_									
	PLACE OF DEATH COUNTY Baltimore			MARYLANE	STATE -		deceesed lived, If in b. COUNT		sidence before edmission)
-	b. CITY OR TOWN (if	outside corporete limit	rs,	c. LENGTH OF STAY IN 1			orporete limits, write	RURAL end	give neerest town)
	write RURAL end	give neerest town)		2 Days	Relti	imore 17		3 V O	1.4
-			f not in hos	pital, give street address)	d. STREET			300	e. IS RESIDENCE
1	Totomone A	dministrati	ion Wo	enttel	25/17	McCulloh	Ctroot		ON A FARM?
	NAME OF	First	LOII HC	Widdle	Last	4. DATE			Dev Yeer
	DECEASED (Type or print)	BENJAN	CTN		NAMLITT	OF DEAT		hom	8 1961
5	SEX			- Filmon	B. DATE OF BIRTH		9. AGE (In yeers		
1				D NEVER MARRIED			last birthdey)		eys Hours Min.
10	Male	Negro ON (Give kind of work	WIDOWE	D IVORCED DIVORCED DIVIDUO		CE (County & State,		12 CITI7	EN OF WHAT COUNTRY?
do	ne during most of wor	rking life, even if retire	d)	action of the second					
10	Laborer		1 5	steel			Carolina	U.	S. A.
	FATHER'S NAME				14. MOTHER'S				
	enjamin Ti					Marshall			
(Y.	es, no, or unkown) (If	yes give wer or detes of so WW I	ervice) 213	3-09-0016 F	linical Re ORT HOWARI	cords, VAH	I, Baltimo	re 18,	Maryland Interval Between
	PART I. DEATH	WAS CAUSED BY:	PUIMO	NARY EDEMA					SEV . MINUTES
	500	DUE TO							
	Conditions, if any	· · ·	COR F	PULMONALE					UNKNOWN
	geve rise to immedia	ete ceuse							
	(e), steting the unceuse lest.	nderlying DUE TO	OTITIOI	VIC OBSTRUCTI CHITIS	VE EMPHYSI	MA AND CH	IRONIC		UNKNOWN
z		SIGNIFICANT CONDI		ITRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEA!	SE CONDITION GIVE	N IN PART 1	
CERTIFICATION									YES NO
	206. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	2Db. DES	CRIBE HOW INJURY OCCU	KED. (Enter neture of	injury in Peri I or Per	rill of Hem 18.)		
MEDICAL	20c. TIME OF INJUI Hour a.m.	RY Month, Day, Yea	While	Not While	PLACE OF INJURY (Hactory, street, office		City or town)	(Count	ly) (State)
	21. I certify th	nat 🗱 (this hospit	tal) attend	ded the deceased fro	m Novembe:				1, that 🐴) (we) last
	saw the decease	ed alive on NOV.	. 8	19.61., and th	nat death occur	ad at. pM, fr	om the causes a	and on th	e date stated above.
	220. SIGNATURE		7		ATTENDING				22b. DATE
	0	homes	L/V	robers	M.D. PHYS.	MED. DIRECTOR	PHYS.		11/9/61
	22c. PHYSICIAN'S		16		22d. ADD				
	THOMAS	F. CRAHAN	M.D.		VAH,	BALTO.18,N	D. FORT HO	WARD I	DIVISION
23	BURIAL, CREMATI	ON, 23b. DATE THE		23c. NAME OF CEMETER	RY OR CREMATORY	23d. LC	OCATION (City, tow	n or county)	(Stete)
	REMOVAL (Specify)	11-13-	-61	Baltimore	National	Cemetery	Baltimore		28, Maryland
24	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESSBalto	1		SISTRAR 256. REG		
EJ	roy O. Wil	son Funera	1 Home	e,1000 Brantl		DATE NOV 2 0	61 6	Dag 8	There
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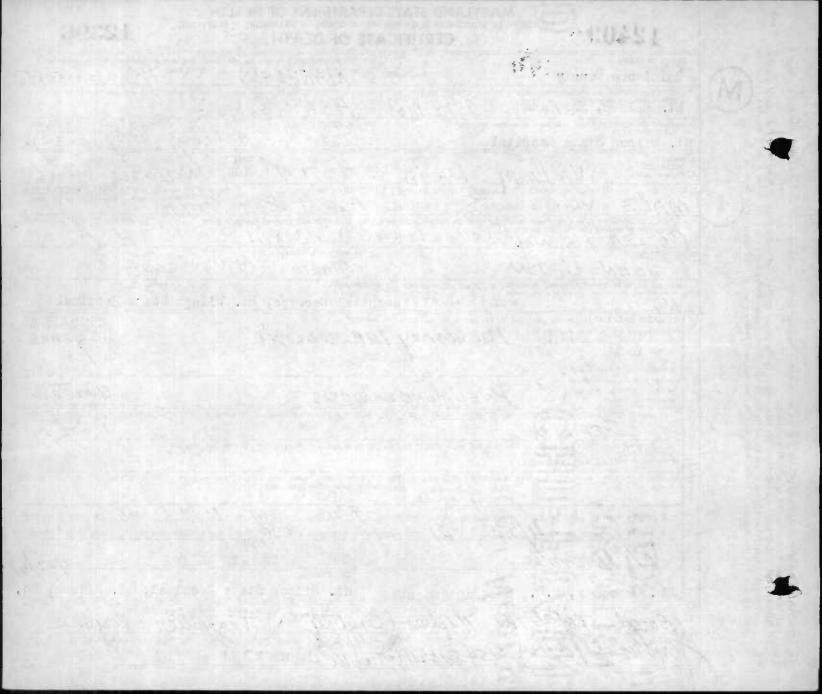
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12409

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12396

	Baltimore County	MARYLAND	o. STATE b. (P. A.	COUNTY CO
	b. CITY OR TOWN (If outside corporate limits, write RURAL and pive nearest lawn) Mt. Wilson, Maryland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits	s, write RURAL and give nearest town)
		12 Mo.	MYATISVILLE	16562
1	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Mt. Wilson State Hospital	oddress)	1351 LANGLE	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First	Middle	Last 4. DATE	Month Day Year
	(Type or print)	DAVID	TIPTON DEATH	VOVEMBER 23 1961
1	5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (41.1
	MALE WHITE WIDOW	ED DIVORCED	Aug. 9 1884 7	yrs. Manths Doys Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of wark done 10by during mast af working life, even if retired)	· K	11/20	12. CITIZEN OF WHAT COUNTRY?
	BOILER FIREMAN VI	ARIOUS DOILER	4 1/10/11/7	USH
	13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	
	JOHN lIPTON		MARTHA MC(LE	
	IV	- C 1- C1 C-C	IFORMANT	Address
	NO	28-70-770 Hesp	pital Records, Mt. Wils	on State Hospital
	18. CAUSE OF DEATH [Enter anly one cause per li	ne for (o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	12 MONNRY /C	1BERCULOSIS	SYEARS
	DUE TO	/		
	Conditions, if any, which (b) (b)			
	cause (a), stating the under. DUE TO	11-11 10-110 6-	41. P.P. 1. C	Uncertain
		VEUMONO CO.		
	PART II. OTHER SIGNIFICANT CONDITIONS OF	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDIT	RERFORMED?
	JENILITY	CRIEF HOW INTURY OCCUPATI	7	YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I or Part II of iter	7 16.)
	9		ACE OF INJURY (Home, farm, 20f. (City ar tawn)	(Caunty) (Stote)
	Hour o. m. While at wor	IAOI MIIIE		
	21. I certify that (I) (this haspital) attend	ded the deceased from	9/11 196/ 10 1/1	23 196/, that (I) (we) last
	saw the deceased alive an 11/23	19/1, and that d	leath accurred of 300, from the cal	uses and an the date stated above.
	22a. SIGNATURE		ATTENDING MED. ** STAFF	22b. DATE SIGNED
8	Willwarmer		M.D. PHYS. DIRECTOR PHYS.	1/23/4
	22c. PHYSICIAN'S NAME (Type)		22d. ADDRESS	: 1.2 M + 11:2 M2
i	Wm. Newcomer, M.D., Sup	erintendent	Mt. Wilson State Hos	pital, Mt. Wilson, Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	Maplewood C	R CREMATORY 23d. LOCATION (CIT	1/44
	24 FUNERA PIRECTOR'S SCHAPORE 100 9	AD RESS	WASA 250. REC'D BY REGISTRAR 2	56. REGISTRAR'S SIGNATURE
1	The state of acres 2	54 Cappellet.	N.W C DATNOV 2 7 '61	C ? 2 L . A



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12398

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
e. COUNTY Baltimore MARYLAND	e. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
write RURAL end give nearest town) Catonsville	Baltimore 3 V01-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
Wright Care Home, 200 Bloomsbury Avenu	Avenue
3. NAME OF First Middle DECEASED	OF
	Fracey DEATH November 28, 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X	8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	Dec. 5. 1883 Ronald Representation of the property of the prop
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Clerk B & O Railroad	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph E. Tracey	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
(Yes, no, or unkown) (Ifyes give war or detes of service)	Carlton Sater 3345 Keswick Road, Baltimore
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	ONSET AND DEATH
IMMEDIATE CAUSE (0) CEREHANL	UNDOUND ADOMORS
DUE TO	
Conditions, if eny, which \ (b) # UMERIEN	sive perepils occasion
geve rise to immediate cause DUE TO OFF M MIO - U	psound presense
ceuse last. (c) MULWANS	RU SOIEMM
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
IT	YES NO C
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTION TO DEATH BUT NO CONTRIB	ED. (Enter nature of injury in Part II or Part II of item 1B.)
	LACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stete)
	ictory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	1 / / Z. 8., 196 f, that (I) (we) last
	at death occured atM, from the causes and on the date stated above.
22e. SIGNATURE	/22b. DATE
	ATTENDING MED. STAFF
22c. PHYSICIAN'S	M.D. PHTS. 22d. ADDRESS
NAME (Type) JOHN W. Show	TSUN EAMOUNSON AAST 75, MA
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stete)
Burial Dec. 2, 1961 Woodlawn	Baltimore Co. Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Burgee Funeral Home 3631 Falls Road	DATE DEC 4 '69 O than & Kraus
HMARE T. Burger	

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after deoth. Page 4 the funeral director, should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 h may be reported by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer death. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

MARYLAND STATE DEPARTMENT OF HEALTH

12412 CERTIFICA	ATE OF DEATH	10200
1. PLACE OF DEATH G. COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (Where deceosed liver a. STATE	ed. If institution: Residence before admission) b. COUNTY Balto
b. CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town)	c. CITY OR TOWN (If outside corporate	limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 0407 Maple Ave,	d. STREET ADDRESS 16407 Maple	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Edith C, Tyson	Last 4. DATE OF DEATH	NOV. 14 1961
s. sex emale 6. color or race 7. married never/married white widowed Divorced		AGE (In yeors ast birthdoy) Months Doys Hours Min.
10a. OSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Home	Freeland M	10. II. CITIZEN OF WHAT COUNTRY?
Henry Zimmenman	Rachel R	eh
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes, give wor or dates of service) None.	nrs, geo. Luers	Address
1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Coronary • cclus	ion	INTERVAL BETWEEN ONSET AND DEATH 12 hours
gove rise to immediate couse (o), stoting the <u>under</u> DUE TO	c cardiovascular dise	ase 10 years
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CO	DNDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RED. (Enter noture of injury in Port I or Port II 이 무슨 III III III III III III III III III	of item 18.)
	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)	town) (County) (Stote) 教養於於於紫紫
21. I certify that (I) The Designation attended the deceased from saw the deceased alive an November 11 1961, and that 22g. SIGNATURE		e causes and an the date stated abave. 22b.DATE
22c. PHYSICIAN'S NAME (Type)	M.D. PHYS. M MED. DIRECTOR D 22d. ADDRESS 5101 Gwynn	Oak Ave.
Millard T. Traband, Jr. 23c. BURIAL, CREMATION, 23b, DAJE THEREOF 23c. NAME OF CEMETERY	Baltimore,	
Bremoval (Specify) ///17/6/ St. Joh 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	n'S New!	reedom Pai. 25b. REGISTRAR'S SIGNATURE
John T. Stansbury 6411 Windson M	. 11 Rd, DATE NOV 1 7 '61	arthur S. Kraus.

VR A15 (4) 1SM 9/S9

10.13.1 • <u>16.1</u>.031 entro di componenti della contrata TELEFORE TO SECURE THE SE 1/1/1 101 Contra district. illas estados in contra

in 27 the funeral directar, ond 2 shauld be filed with

12410

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

12397

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)
Baltimore MARYLAND	Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Towson 5 years	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) TOWSON
d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
805 Scarlett Drive	805 Scarlett Drive ON A FARM?
3. NAME OF First Middle	OUT SCAFFER DELVE
DECEASED	OF
Muguso Motalio	Tischinger DEATH November 30 1961 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HR
Male White WIDOWED DIVORCED	3-22-1915 last birthday) Manths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY
Machinist Tool Making 13. FATHER'S NAME	Baltimore, Maryland U.S.A.
August Robert Tischinger	Mabel Elizabeth Skillman PORMANT Address
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no, or unknown) (If yes, give wor or doles of service)	
No 212-10-9606	Mr. Edw. Huber, 805 Scarlett Dr.
1B. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carun oma	onset and DEATH
153.1 DUE TO	
Canditians, if any, which) (b)	
gave rise to immediate cause (a), stating the under-	
lying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 7
I ⊆ OR CONTRIBUTING □ CAUSE OF DEATH	D. (Enter nature of injury in Part I ar Part II af item 18.)
	ACE OF INJURY (Hame, farm, 20f. (City ar tawn) (County) (Statictary, street, affice bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased fram	august , 1960, to NOV 30 196/, that (1) (40) las
saw the deceased alive an Mor. 27 19/ , and that d	death accurred at 3 PM, from the causes and an the date stated above
Workeld in Firar	ATTENDING MED. STAFF SIGNE
22c. PHYSICIAN'S NAME (Type) WARFIELD M FIROR	40 Calvert St Balto
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (City, tawn, ar caunty) (State)
Burial 12-4-61 Govans Pres	sbyterian Cem. Bal timore Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.	2Sq. REC'D RY REGISTRAR 2Sh. REGISTRAR'S SIGNATURE
menty w. Jenkins & John T. J	Md DATEC 5 161 Classing & Thomas

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 has may be recommended by the hospital ar otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached for use os the burial-transit permit. Then please remaye carbon papers. Pages 1 on the State Board of Health priar to burial, crematian, or removal, and in any event, within 72 haurs often-death.

aurs after death. Page 4

VR A15 (4) 15M 9/59

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TO DEP CALL EXAMINER: This certificate should be executed within 24 hours after death. If any may is necessary, may please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the furward director. Page 5 of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO EUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of 1871. To rits designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	-
VS. A15ME	

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara daceasad livad, If institution: Residence before edmission)
Baltimore MARYLAND	Md. b. county Baltimore
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 18	Dear o militar
write RURAL and give nearest town)	Middlebourough
Middlebourough d. Name Of Hospital or Institution (if not in hopital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
1800 Hilltrop Ave.	/ 1800 Hilltop Ave.
3. NAME OF Middle	Led 4. DATE Month Dey Yeer
(Type or prings) On OP + A Quille	TALLE DEATH MATE 12 10/01
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male White WIDOWED DIVORCED	7/70/70 07 last birthday) Months Days Hours Min.
	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	
Millwright Webb Fly Scree	1 CO THER'S MAIDEN NAME Md.
Frank Vanik	Frances Kurdna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	
(Yes, no, or unkown) (Ifyesgivewarordetesofservice)	eorge L. Vanik, son, 2521 Wentworth Rd.
18. CAUSE OF DEATH [Enter only one cause per-line for (e), (b), and (c).]	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DROWN	ONICET AND DEATH
929 & DUE TO	
Conditions, if eny, which (b)	
gave rise to immadiate causa (a), steting the undarlying DUE TO	
causa lest. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
VONS	PERFORMED YES NO D
PRIMARY CONTRIBUTING //	(Enter neture of Injury in Part I or Pert II of itam 18.)
	(on //cr)
A Stepur e.m. While Not While	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stafe) petgry, street, office Didg., etc.) LACE OF INJURY (Home, form, 20f. (City or town) (Stafe) (Stafe)
2/1. I certify that I took charge of the remains described above,	
	held an Autopsy . Inspection . Inquiry . and in my opinion icide . Undetermined manner
death resulted from: Natural causes . Accident . Su	
ACTUAL MC 2 8 7 107-	CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE / / / / / / / / / / / / / / / / / / /	M.D.
EXAMINER'S M.B. DAVIS M.	Address (Streat, city, town, or county)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	
Burial 11/15/61 Moly Redoc	Baltimore, Md.
23. FUNERAL DIRECTOR ADDRESS TO THE	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Schimunek Funeral Home, Inc.	DATE NOV 1 4 '61 Circling S. Firmed
2001 K. Madison St.	

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death. If A may be retained by the hospital or attending physician.

Z a death. If A may be retained by the hospital or attending physician.

Z TO FUNE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12414 CERTIFICATE OF DEATH
12401

a. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest lown) Addievable d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 8230 Laurel Drive 3. NAME OF DECERSED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber 13. FATHER'S NAME Lorenzo Vazzana 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) 18. CAUSE OF DEATH [Enter only one ceuse per life force), (b), and (c):] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (S) LIND OF BUSINESS OR INDUSTRY MOTHER'S MAIDEN NAME ROSALIE Maggione 16. CAUSE OF DEATH [Enter only one ceuse per life force), (b), and (c):] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (S) MICHOPACH STAY IN 16 C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) Part I. DEATH WAS CAUSED BY: MOTHER'S MAIDE NAME ROSALIE Maggione 18. CAUSE OF DEATH [Enter only one ceuse per life force), (b), and (c):] PART I. DEATH WAS CAUSED BY: MICHOPACH STAY IN 16 C. CITY OR TOWN (if obtaid occuprions limits, write RURAL and give nearest lown) A STREET ADDRESS C. CITY OR TOWN (if obtaid occuprions limits, write RURAL and give nearest lown) A STREET ADDRESS 6. STREET		2. USUAL RESIDENCE (Where deceesed lived, If institution: Resid	dence before edmission)
write RURAL and give neerest down! A NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 8230 Lawrel Drive 3. NAME OF DECEASED (Type or print) Charles 6. IS RESIDENCE ON A FARMY YES NOTE 1. DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEVER MARRIED NEW PROPERTY OF BIRTH 1. De. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired) 1. SET NOTE 1. MOTHER'S MAIDEN NAME LORD VAZZANA 1. SHRYPLACE (County & Stele, or foreign country) 1. CITIZEN OF WHAT COUNTRY (Ves, no, or unknown) (Ifyes give were released service) 1. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give were released service) 1. CAUSE OF DEATH (Enter only one ceuse per line for Ae), (b), and (c): NAME (C)	a. COUNTY Baltimore MARYLAND	Maryland Dal	00
A NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) A. STREET ADDRESS A. STREET ADDRESS S. STR	b. CITY OR TOWN (if outside corporate limits,	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ve nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) 8230 Lawrel Drive 3. NAME OF DECEASED (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOVER DEATH 17 30 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED NOVER DIVORCED May 23, 1889 10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY W. BIRTHPLACE (County & Stele, or foreign country) 11c. CITIZEN OF WHAT COUNTRY Cress, no, or unknown) 11d. MOTHER'S MAIDEN NAME LORENZO VAZZANA 11d. MOTHER'S MAIDEN NAME LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LORENZO FEATH [Enter only one ceuse per Inc. force), (b), pnd. (cx) LOREN		Y Parkville	
8230 Lawrel Drive Secretary 3. Name of Decased (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MONTH NEVER MARRIED NEVER MARRIED NEVER MONTH NEVER MONTH NEVER MARRIED NEVER NEVE		d. STREET ADDRESS	e. IS RESIDENCE
DECEASED (Type or print) Charles Vazzana DECEASED (Type or print) Charles			ON A FARM?
[Type or print] (harles Vazzana DEATH 17 30 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 17 EAR IF UNDER 24 HRS. If UNDER 24 HRS. If UNDER 24 HRS. If UNDER 24 HRS. If UNDER 17 EAR If UNDER 24 HRS. If UNDER 25 If UNDER 17 EAR If UNDER 24 HRS. If UNDER 26 HRS. If UNDER 26 HRS. If UNDER 26 HRS. If UNDER 26 HRS. If UNDER 27 HRS. If UNDER 26 HRS. If UNDER 26 HRS. If UNDER 27 HRS. If U			ey Yeer
male white whose Divorced May 23, 1889 72 yrs. Months Deys Hours Min. 1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY W. BIRTHPLACE (County & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S. A. 13. FATHER'S NAME Lorenzo Vazzana 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give werer detes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (If yes give werer detes of service) 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c),	(Type or print) (harles	azzana DEATH 11 30	
male white widowed Divorced May 23, 1889 72 yrs. 1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber 13. FATHER'S NAME Lorenzo Vazzana 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give werer deles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and, (c): IMM DIATH CAUSE (a) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and, (c): IMM DIATH CAUSE (a) 19. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and, (c): IMM DIATH CAUSE (a) 19. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and, (c): IMM DIATH CAUSE (a) 19. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), and, (c): IMM DIATH CAUSE (a)	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B.	4 . 4 . 4 . 4	
done during most of working life, even if retired) Retired 13. FATHER'S NAME Lorenzo Vazzana 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give were redeles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address Address Address Address 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and, (c):) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a)		lay 23, 1889 72 yrs.	
Retired Barber Staly 13. FATHER'S NAME Lorenzo Vazzana 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give were deles of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), and (e).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) IMMEDIATE CAUSE (a) 14. MOTHER'S MAIDEN NAME ROSalie Maggione 17. INFORMANT Address Same INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a)		Y M. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME LORENZO VAZZANA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Ifyes give werer detesof service) 216-28-8799 Mrs. Mary V. Vazzana 18. CAUSE OF DEATH [Enter only one ceuse per line for (b), b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 14. MOTHER'S MAIDEN NAME ROSalie Maggione Address Address Same INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a)	Dr. J. Rawhan	Italy	SA
Lorenzo Vazzana 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (Ifyes give were or deles of service) 216-28-8799 Mrs. Mary V. Vazzana 18. CAUSE OF DEATH (Enter only one ceuse per line for Act), (b), and (c): ONE of the Address of Service) (Interval Between ONSET AND DEATH IMMEDIATE CAUSE (a)	7100000	14. MOTHER'S MAIDEN NAME	00010
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give were detes of service) 216-28-8799 Mrs. Mary V. Vazzana same. 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c); PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	1/	0 1. 11	
(Yes, no, or unkown) (Ifyes give were redeles of service) 216-28-8799 Mrs. Mary V. Vazzana same 18. CAUSE OF DEATH [Enter only one ceuse per line for to), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH		0.0	
1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c):] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH		NFORMANT Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ONSET AND DEATH ONSET AND DEATH	216-28-8799 //	irs. Mary V. Vazzana	same
IMMEDIATE CAUSE (a) UNIN) INSTAULOUS (b)	1B. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).]		
422,1 DUE TO		VV	3 W
	422,1 DUE TO		
Conditions, if any, which (b)	Conditions, if any, which		
geve rise to immediate ceuse	geve rise to immediate cause		
(a), stetling the underlying DUE TO	(a), stering the underlying		
causa last. (c)	(0)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e	PERFORMED?
YES NO •	Y		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PREFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH	. (Enter neture of injury In Pert I or Part II of item 18.)	
20c. TIME OF INJURY Month, Dey, Yeer Place OF INJURY (Home, ferm, factory, street, office bldg., etc.) No. m. 19 et work et work of the street, office bldg., etc.)	20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLA Hour a.m. Whila Not Which facts		(Stete)
35 44 31 30 114		25 hh 1051 1 30 NN 10/01	41-4 (I) (
21. I certify that (I) (this hospital) attended the deceased from 1901, to 1901, to 1901, that (I) (we) la	1 2 4 1 11		, , , , ,
saw the deceased alive on	saw the deceased alive on	death occured at 4.1.M, from the causes and on the	
	22a. SIGNATUR	ATTENDING MED. STAFF	22b. DATE SIGNED
M.D. PHYS. DIRECTOR PHYS.	1/WWW / I I I I WWW		
22c. PHYSICYAN'S NAME (Type) HIWMO GOLD MM MY 22d. ADDRESS LAW (14) Mid	ALANE (Tours) #1	22d. ADDRESS Have al Buile	(14) Mid
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)	222 RUDIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county)	(Stata)
REMOVAL (Specify) 12/4/61 New (athedral Cem. Baltimore, Maryland	REMOVAL (Specify) 72/1/67	ral Cem. Baltimore, Mary	pland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE			
Leonard J. Ruck 5305 Harford Rd. DATE DEC 4 '61 arthur 8. Knows		25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE

THIST

DEPARTMENT OF HEALTH RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreesed lived, If Institution: Residence before admission) a. COUNTY b. COUNTY a. STATE MARYLAND 1m0 1 2 b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) ۵ RVI filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO loerne. completely papers. NAME OF Middle DATE Year DECEASED OF (Type or print) DEATH 19 67 Nov. within carbon AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED THEVER MARRIED and lest birthdey) Hours WIDOWED DIVORCED male physician гетоме 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? or foreign country) done during most of working life, even if retired) FATHER'S NAME please = aftending and Then EVER IN U.S. ARMED FORCES! (Yes, no, or unkown) (If yes give wer or detes of service) oval, may be retained by me nospiner or associated by the DIRECTOR: After this certificate has been signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c) permit. aftending physician. ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y 0 IMMEDIATE CAUSE (e) as the burial-transit DUE TO Conditions, if any, which geve rise to immadiate ceuse DUE TO (a), steting the underlying ceusa lesi. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 NO use 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING for OR CONTRIBUTING CAUSE OF DEATH detached 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 1 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) While Not While Hour a.m. at work al work 19 p.m. 21. I certify that (1) (this hospital) attended the deceased from ... pinous he deceased alive on.... saw 22b. DATE 22e. ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. FUN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Slale) 23b. 23e. 8URIAL, CREMATION REMOVAL (Specify) O.p. g REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) andry S. Krous 15M 9/60

E STATE OF THE STA מס אי המששיבה דוות. in the same of the Best Will place & personal Some Marie Para Marie M Leonard Ja (Adol 5) Color Sala (Adol 5)

MARYLAND STATE DEPARTMENT OF HEALTH

1611	U	Items 8 & 9	Film G301	11/29/61	iwk	1240	13 4
a. COUNTY			a. STATE	ENCE (Where deceased I	ived, If insti	tution: Residen	ce befora admissio
Ba	Ltimore	MARYLAND		land		Baltin	nore
b. CITY OR TOWN (f outsida corporate limits, give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOW	N (If outside corporate lim	its, write RU	IRAL and give	nearest town)
Catonsv			X Cato	nsville			
d. NAME OF HOSPI	TAL OR INSTITUTION (if not in	nospital, give street address)	d. STREET ADDRE				e. IS RESIDENC
			474	Forest Ave.			YES NO
NAME OF	First	Middle	Last	4. DATE	Month	Day	Year
(Type or print)	John	T Women		OF DEATH NOTE	amhan	77.	19 61
. SEX	11 00100 00 0100	J. Wagner	DATE OF BIRTH	1884 9. AGE (I	mber n yaars IF t	JNDER 1 YEAR	IF UNDER 24 HRS
Mala				last bir	thday) Mo	onths Days	Hours Min.
Male	111111111111111111111111111111111111111	KIND OF BUSINESS OR INDUSTR	eptember 1	ounty & State, or foreign	country)	12. CITIZEN C	F WHAT COUNTR
done during most of wo	rking life, aven if retired)	KIND OF BUSINESS ON INDUSTR	II. DINITITORE (C	Sumy & Siere, or refergin	,	12, 0,1,124, 0	
National P. 3. FATHER'S NAME	lastic Co.	Retired	Maryla			U.	5.
S. PATHER S NAME			14. MOTHER'S MAIL	PEN NAME			
Frank	Vagner		Mary	Koester			
 WAS DECEASED EV Yes, no, or unknown) (I 	ER IN U.S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
No		68-09-8866 J.:	Donald Wagr	ner, Catonsvi	11-2	&-Marv	land
18. CAUSE OF E	EATH (Enter only one cause of	or line for (a), (b), and (c).]	,		0	IN	TERVAL BETWEEN
	H WAS CAUSED BY:	rendro 720	m. new 1	ollewing.	La, 91	LARR.	31 veek
14200	DUE TO	1 -	-	1	1	00	4.0
Conditions, if any	7	tupo leusuie	Coudinl	asedor .	100000	000	3 pal
gave risa to immadi	ate cause	10 minus	Course v		XIII.		0
(a), stating tha u	ndarlying DUE TO					773.5	
cause last.) (c)	ONTRIBUTING TO DEATH BUT NO	T OF ATED TO THE TEE	MAINIAL DISEASE CONDITI	ON CIVEN	INI DART 1(-)(19. WAS AUTOPS
PART II. OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	I KELATED TO THE TEN	MINAL DISEASE CONDITI	ON GIVEN	IN PART I(a)	PERFORMED?
5							YES NO .
	AS UNDERLYING [] 20b. [ESCRIBE HOW INJURY OCCURED	(Enter nature of injury	in Part I or Part II of item	1B.)		
	MEDICAL EXAMINER)						
20c. TIME OF INJU Hour a.m.			CE OF INJURY (Home,)	(County)	(State)
Hour a.m.		nile Not While factor	ory, street, office bldg.,	erc.)			
	12		te ed 1.	1944 to NO	./4	10/0/	hat (I) (wa) b
	A/(n). /	ended the deceased from.)		000	·	, 1960(ii, 1	nar (i) (we) i
saw the deceas	ed alive on. (.V.	2 1961 , and that	death occured a	M, from the c	auses and	d on the d	
6 Ciot	10 solveson	, m	ATTENDING PHYS.	MED. STAF		/	226. DATE 1/1/4/6/
22c. PHYSICIAN'S		THE STATE OF THE S	22d. ADDRESS	31/327	recor	July a	ices
NAME (Type)			B	altinue.	29.7	neel	
RIPLAT CREMATI	ON, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county)	(State)
_REMQVAL (Specify)						37	
Burial		1 Lorraine Park	Cemetery	Balton			ryland
4 FUNERAL DIRECTOR	S SIGNATURE	ADDRESS IN IT	- All 1 25a.	REC'D BY REGISTRAR 2	on, KEGIST	KAK'S SIGNA	TORE
Raws	mac sall	Mulmorlell	DATE	NOV 1 6 '61	(1.11	wa & H	

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after 55 death.

Yether that the may be retained by the hospital or attending physician.

Yether this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

بە نى	12417		CERTIFI	ICATI	E OF DE	ATH			Reg.	Dist. No	240)4
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLA	ND 2.	usual residen o. STATE Maryl	end	ere deceased	d lived. If institu b. COUN		lence befo	re admiss	ion)
b. CITY OR TOWN	(If outside corporate limits	, write c.	LENGTH OF STAY IN		c. CITY OR TOV		utside corpo	rote limits, write	RURAL on	d give ne	crest town	1)
Upperco					Balt	imor	e Cit	v		2 V	11 - 4	+
	ITAL (If not in hospital, give	re street odd	ress)		d. STREET ADD			2			e. IS RES	
	Mill Rd.				635 S	. Be	lnord	Ave.				FARM?
3. NAME OF DECEASED (Type or print)	First	r. WA	Middle LSTON		Last		4. DATE OF DEATH		onth mber	2		Year 19 61
5. SEX	6. COLOR OR RACE			☐ B. D.	ATE OF BIRTH			9. AGE (In year lost birthdoy		ER 1 YEAR		
Male	Caucasian			_	bruary	16.1	877	84 y		s Doys	Hours	Min.
00. USUAL OCCUPATI	ION (Give kind of work do								12.0	ITIZENO	FWHAT	OUNTR
Carpenter	rking life, even if retired)				Maryl	and			11	S.A.		
3. FATHER'S NAME				14	. MOTHER'S MA		AME			* 10 + 12.		
Thomas W	lol et on				MANAGE	N-WV		TV Col	7 00	2077020		
15. WAS DECEASED EV	ER IN U. S. ARMED FORC	ES? 16. SO	CIAL SECURITY NO.	INFO	RMANT	WAY	MANAGO		Ly Ca	rr. ver.		
(Yes, no, or unknown)	(If yes, give war or dates of ser			Hon	ry E. W			000 0-7		Da	Mome	1.030
	the under-		REINOM	AT	0515	()	PROST	TATIC)		ÖNS	ERVAL BE	DEATH AND THE
PART II. OT	HER SIGNIFICANT COND	EROT		T.	DISEAS	E		ET. V	IVEN IN P	ART 1(o)	9. WAS PERFO YES	AUTOPS PRMED?
OR CONTRIBUTING	G CAUSE OF DEATH	ou. Desemb	z now neoki occi	ORRED. (E	ner nordre er m	, , , , ,	017 1 01 1 011					
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year	20d. INJU While of work	Not while	e. PLACE foctory,	OF INJURY (Hom street, office blo	ne, form, dg., etc.	20f. (City	or town)		(County)		(Stote
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Carlton L. SON, 22b. DATE THEREOF	19.6 A	and that de	M.D.	819 Pa	₹A,	M, fram ADDRESS (SI	the causes of reet, city or town altimor	and an t	Md. Mary	10/2	d abav
Ullrich Fur	neral Home, I	Baltim	ore, Maryl	and	DA	ATE NO	V 2 7 '6	61	Irilan.	S. Kra	us	

I in by the funeral directar, and 2 should be filed with TO FUNERAZ DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in Then please remove carbon papers. Pages 1 the registror priar ta burial, cremation, ar remaval, and in any event within 72 hours after death. page 3 should be detached for use as the burial-transit permit. ned by the haspital or attending physician.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to

s after death. Page

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12418
CERTIFICATE OF DEATH
12405

T%410	CERTIFICA	IL OI DEATI		TVACO
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where daceasad livad, If	institution: Residence before admission
a. COUNTY		a. STATE M	b. COUN	TY D IL
Baltimore				Daltinore
b. CITY OR TOWN (if outside corpore write, RURAL and give nearest tow		c. CITY OR TOWN	(If outside corporate limits, write	e RURAL end give nearest town)
Dundalk		X Dune	dalk	
d. NAME OF HOSPITAL OR INSTITUT	TON (if not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
211011 Sallan	s Point Rd.	1 3404 So	llers Point	Rd. ON A FARM?
NAME OF		11 21 1		
DECEASED	First Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	oland Stanley	Walter	DEATH 77	29 1907
SEX 6. COLOR OR	RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
male white	WIDOWED DIVORCED	6-12-10711	lest birthdey) 2 7 yrs.	Months Days Hours Min.
0e. USUAL OCCUPATION (Give kind o	l-ud l-ud	STRY II DIRTHRI ACE IC-	nty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY
done during most of working life; even if	f retired) () • 1	A. DIKITIPLACE (COU	my a size, or toreign country)	11CA
Locomotive (ng.	Kailroad	Maryla	and	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
Mantin / Wa	Iton	Sadio 8	Henderson	
. WAS DECEASED EVER IN U.S. ARME	D FORCES? 16. SOCIAL SECURITY NO. 17	INFORMANT	Address	
as, no, or unkown) (Ifyes givewerorda	itasofservice)	11 (11)	1,	
yes IW 2		Tenry L. Wa	cel.	same
	ly one cause per line for (a), (b), and (c).]	1 1 0		ONSET AND DEATH
PART I. DEATH WAS CAUSED IMMEDIATE CAU		eart Du	sease	4 Week
110 -	UE TO			
Conditions, if eny, which geva rise to immediate cause	(b)			
(e), steting the underlying	UE TO			
cause lest.	(c)			
PART II. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	
PART II. OTHER SIGNIFICANT C				PERFORMED?
200 ACCIDENT WAS UNDERLYING	2Db. DESCRIBE HOW INJURY OCCU	DED /Enles nature of injury in	Part Los Part II of item 19.)	1.12
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ☐ CAUSE OF DI	EATH	CED. (Einer nature of allury in	ren ren a or near 10.)	
	INER)			
20c. TIME OF INJURY Month, De Hour a.m.		PLACE OF INJURY (Home, ferr		(County) (State)
Hour a.m.	at west [7]	ractory, street, office bldg., etc	•-)	
p.m.	7 1	(6°-2 %)	152 7100	29 16/1
21. I certify that (I) (this	nespital) attended the deceased fro	m. 0-07	2/2/Pio//UV	, 199, that (I) (we) la
saw the deceased alive on	29 1100 1961, and th	nat death occured at	from the causes	and on the date stated abov
220. SIGNATURE		ATTENDING	MED STAFF	22b. DATE
19/6/14	Itesan -		MED. STAFF DIRECTOR PHYS.	30hor SIGNE
2c. PHYSICIAN'S	A 1	22d. ADDRESS	ZKINShi	2 Kd. 1
NAME (Type)	VIORVISON		Sundall	F 22 Md
11.11	.0111011		Junacy !	
a. BURIAL, CREMATION, 23b. DATI REMOVAL (Specify)		11 /	23d. LOCATION (City, to	wn or county) (Stete)
burial 12-4	1-61 Baltimore	National	Baltimore,	Md.
4 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25e. RE		GISTRAR'S SIGNATURE
Leonard J. Ruck	5305 Harford Rd.	DATE	DEC 4 '61	Inthus S. Kraus
- Corewood for reach		DATE	S SEW 1	

TO HOSAUTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

10 FUNECIAL DIRECTOR: After this certificate has been signed by the attending physician and complete, filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather. VR A15 (4) 15M 9/60

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Leonard J. Luck 3305 Manjord Na.

States 12-1-01 delicana nacional saldinare, Ma.

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FOR STATE HEALTH DEPT

files. Health, ay is necessary, and director. Page foryour TO DEPT TEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any less exacts the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundral dir 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained topy TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Beart or its designated agent, prior to burial, cremation, or removal, and in any event within 2 hours after death.

VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

10100

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission)
BALTIMORE MARYLAND	a. STATE MD, b. COUNTY BALTO
b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
ESS EX	X ESSEX - ZONE 21
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
HOME	1817 WOODROW HVE, ON A FARM?
3. NAME OF DECEASED (Type or print) ANDREW,	ARSELL DEATH NOV 29 10/1
	17 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUST	13 715. 1/127
done during most of working life, even if refired) RETIRED	MINNESOTA ? U.S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
linknown	Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgiva waror dates of service)	INFORMANT
213-05-7343	mus Irene Warsell above
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Parker Kes C	ular accident us her whe
331X DUE TO	
Conditions, if any, which (b)	
gava rise to immediate cause (a), stating the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
TA CONTRACTOR OF THE CONTRACTO	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING DESCRIBE HOW INJURY OCCURED. (D CAUSE OF DEATH.	Enter natura of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Homa, farm, / 20f. (City or town) (County) (State)
1001 8.111.	tory, street, office bldg., atc.)
21. I certify that I took charge of the remains described above, he	eld an Autopsy . Inspection . Inquiry . and in my opinion
	cide , Homicide , Undetermined manner
Total Control of the	CHIEF MEDICAL EXAMINER [
ACTUAL OUNTER DARREST	ASSISTANT MEDICAL EXAMINER DATE SIGNED
SIGNATURE TO COLOR	DEPUTY MEDICAL EXAMINER
NAME (Typa) TACK C Colline	Address (Street, city, town, or county)
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	
Burlal Dec. 2-61 Oak Taw	n Castern Blood and
23. FUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
John J. Connelly Cosy.	2/ DATE TO SEE THE BROWN
The state of the s	DEC 1 '61 CALLET A CALLET

CAST AND NO DEADSTREET ESTIMATED ASSIGNATION CASSI HOIST or many that has wondered and according MANUFACTURE OF THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH Film G302 12/13/61 iwk
|| 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) funeral PLACE OF DEATH a. COUNTY Maryland b. COUNTY Baltimore MARYLAND the 12 b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) and þ write RURAL and give nearast town **Baltimore** Days _= Fort Howard Pages filled i e. IS RESIDENCE d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? 504 Orkney Road YES NO X Veterans Administration Hospital papers. completel 3. NAME OF DATE Month Day Yaar 72 DECEASED DEATH (Type or print) 1967 GEORGE H. WARVEL November AGE (In yeers | IF UNDER 1 YEAR IF UNDER 24 HRS. carbon 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH last birthday) Months and DIVORCED 66 WIDOWED [White 12. CITIZEN OF WHAT COUNTRY? physician USUAL OCCUPATION (Give kind of work 10b. KIND OF B Service BIRTHPLACE (County & Stete, or foreign country) remove done during most of working life, even if retired U. S. A. Govt. Postal Darke, Ohio MOTHER'S MAIDEN NAME aftending Rhoda E. Winters William A. Warvel 1 16. SOCIAL SECURITY NO. I 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Clinical Records, VAH, Baltimore 18, Maryland (Yes, no, or unkown) (Ifyesgive war or dates of service) FORT HOWARD DIVISION INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per lina for (e), (b), and (c), i ONSET AND DEATH signed by I. DEATH WAS CAUSED BY: RECENT AND OLD POSTOLATERAL MYOCARDIAL INFARCTIONS IMMEDIATE CAUSE (a) DUE TO LEFT CORONARY THROMBOSIS RECENT Conditions, if any, which (b) certificate has been gave rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? hospital 35 0 7 NO 1 use prior 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING [for OR CONTRIBUTING | CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) detached 2Dd. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. at work at work DIRECTOR: 21. I certify that X(I) (this hospital) attended the deceased from November 16 161..., to November 1961, that (X) (we) last saw the deceased alive on November 21 1961..., and that death occurred at ... A. M, from the causes and on the date stated above. to November 16 1961, that (x) (we) last plnous 22b. DATE ATTENDING DIRECTOR PHYS. PHYS. FUNERAL director, page be filed with th 22d. ADDRESS 27c. PHYSICIAN'S NAME (Type) SEBASTIAN RUSSO, M.D. VAH BALTIMORE 18, MD. FT. HOWARD DIVISION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. REMOVAL (Specify) Cremation Greenmount Ave., Baltimore, Md. Greenmount Crematory 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Wm. Cook-Blight, Inc., 6009 Harford Road, Balto. 14, Md. ate NOV 27'6 arthur S. France

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH CERTIFICATE OF DEATH 1. PLACE OF DEATH a. COUNTY a. STATE Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 16 write RURAL and give neerest town Fort Howard 30 Davs Baltimore
d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 788 West Mulberry Veterans Administration Hospital 4. DATE DECEASED OF (Type or print) JAMES DEATH N. WASHINGTON 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED July 2. Male Negro 10e, USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)

23b. Film G302 12/4/61 iwk | 100 | 2. USUAL RESIDENCE (Where decesed lived, If institution: Residence before edmission) b. COUNTY c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest town) e. IS RESIDENCE ON A FARM? YES NO 1961 November AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. lest birthday) Months 12, CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) Laborer 13. FATHER'S NAME Laundry Baltimore, Maryland
14. MOTHER'S MAIDEN NAME U. S. A. John Washington Hannah Goodman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. Clinical Records, VAH, Baltimore 18, Maryland FORT HOWARD DIVISION (Yes, no, or unkown) | (If yes give war or dates of service) WW I 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE RECENT IMMEDIATE CAUSE (a) DUE TO Conditions, if env. which ARTERIOSCIEROTIC HEART DISEASE UNKNOWN geve rise to Immediate causa DUE TO (a), steting the underlying ceuse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) | 19. WAS AUTOPSY PERFORMED? HEMORRHAGE, PROSTATE DUE TO CHRONIC PROSTATITIS NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dev. Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. at work 21. I certify that XI) (this hospital) attended the deceased from October, 25, 1961, to November 24, 61 that (1x (we) last19.61..., and that death occurred 30.A....M, from the causes and on the date stated above. saw the deceased alive on NOV. 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. DIRECTOR PHYS. 61 M.D. HWEICIAN'S 22d. ADDRESS NAME (Type) VAH. BALTIMORE 18, MD., FT. HOWARD DIVISION CRAHAN. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Baltimore National Cem. Baltimore 28, Maryland Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Jackson Funeral Home, Inc., 916 Penna. Av., Balto. IDATE NOV 27'61 Clithung S. Thous Maryland

funeral the d and P rs. Pages 1 hours after - 2 led papers. completel 72 C pon and physician ever remove please attending þ signed certificate has been signer use as the burial-transit prior to burial, cremation attending ō hospital DIRECTOR: After this or should be detached for for Health jo director, p VR A15 (4)

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Washington - No venous

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Refer this certificate has been signed by the attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12422 CERTIFICATE OF DEATH 12409

1. PLACE OF DEATH	HA PROPERTY PROPERTY OF 19th and the Life of the Late
e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) b. CQUNTY b. CQUNTY
Baltimore MARYLAND	Maryland Baltimore
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b.	c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Towson	Towson
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
123 Willow Ave. Towson, 4, Md.	123 Willow Ave. Towson, 4, Md YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) CHARLES F	WEAVER DEATH NOV. 18 19 61
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male white widowed DIVORCED 4	18/83 lest birthdey) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	RY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY?
<u>Carpenter</u> Construction	Penna. U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Weaver	Mary E. French
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no. or unknown) (Ifyes give were ordates of service)	INFORMANT Address
no 361-05-5224	Mrs.Louise B. Hawk, 123 Willow Ave. 4
18. CAUSE OF DEATH [Enter only one cause partine for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	1 Occ /USION SUSCENTION
4120.1 IMMEDIATE CAUSE (a)	CCC10 21 011 OUGHIN.
7201) DUE TO V	dArTeriosclerosis 10 yes
Conditions, if eny, which gave rise to immediate cause	eff lesioxierosis logi
(a), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATIC	PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEATH BUT NO DEATH BUT NO DEATH BUT NO DESCRIBE HOW INJURY OCCURE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Pert I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)
Hour e.m. 9 m. 19 et work at work	ctory, street, office bldg., etc.)
	10 = 1 10 10 10 10 10 10 10 10 10 10 10 10 1
21. I certify that (I) (this hospital) attended the deceased from	100
	t death occured at 6.P.M., from the causes and on the date stated above
22e. SIGNATURE	ATTENDING STAFF 22b. DATE SIGNED
Illa rellest (The) omnell	A.D. PHYS. DIRECTOR PHYS.
222. PHYSICIAN'S	22d. ADDRESS
CHARLES H. O'DONNEll, 17.1). 7501 YORK KOAD
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Stele)
REMOVAL (Spacify) Burial Nov.22/61 Price Ceme	etery Waynesboro, Pa.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
Wm.Cook-Towson, Inc. 1050 York Rd	
	DATE NOV 21 '61 Cathur S. Kanne

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delight fearer Mary E. Heanon

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MARYLAND STATE DEPARTMENT OF HEALTH

DWISON OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

12410

1. PLACE OF DEATH	2. USUAL RESIDENCE (Whara dacaased lived, If institution; Residence before admission)						
Baltimere	a. STATE Maryland b. COUNTY Baltimore						
b. CITY OR TOWN (if outside corporate limits,	LENGTH OF STAY IN 16		f outside corporata limits, write	RURAL and give	neerest town)		
write RURAL end give neerest town) Resement		X Resement					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	give street address)	d. STREET ADDRESS			a. IS RESIDENCE		
2807 Leuisiana Ave.		2807 Tan	isiana Ave.		ON A FARM?		
3. NAME OF First	Middle	Last	4. DATE Month	Day	Yeer		
DECEASED (Typa or print)	Wadmald		OF DEATH W		19 61		
5. SEX 6. COLOR OR RACE 7. MARRIED X	Weinelt	. DATE OF BIRTH	9. AGE (In yaars	IF UNDER 1 YEAR	IF UNDER 24 HRS.		
Female White WIDOWED		Mar 12 1000	lest birthday) 53 yrs.	Months Deys	Hours Min.		
10e. USUAL OCCUPATION (Give kind of work 10b. KIND (May 12, 1908 Y 11. BIRTHPLACE (Count	ty & State, or foreign country)	12. CITIZEN O	F WHAT COUNTRY?		
done during most of working life, even if retired)							
Housewife No.	πe	Marylar 14. MOTHER'S MAIDEN		U. S)		
7 1- N			10995T-24-91T-20				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC	IAL SECURITY NO. 17. I	Anna Hanf	Address				
{Yes, no, or unkown} (If yes give war or dates of service)							
18. CAUSE OF DEATH [Enter only one cause per line for	or (a) (b) and (c)]	. Henry J. We	inelt Same	LINT	ERVAL BETWEEN		
PART I DEATH WAS CALISED BY.	1. 11	921a17	Po · · · L		ISET AND DEATH		
IMMEDIATE CAUSE (a)	IMMEDIATE CAUSE (a) Lineralized Certimonia oris 5 mos						
DUE TO	199 X DUE TO Primary site unde terminal						
Conditions, if eny, which gave risa to immadiate cause							
(a), steting the underlying DUE TO							
ceuse lest. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIV	EN IN PART 1(e) 1	9. WAS AUTOPSY PERFORMED?		
CAI			Record of the		YES NO		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF LIFE HITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURED	. (Enter natura of injury in f	Pert I or Part II of item 18.)				
0 200		CE OF INJURY (Home, farm ory, street, office bldg., etc.		(County)	(Stete)		
Hour a.m. While at work	Not While et work	ory, arear, orner prog., erc.	1 1				
21. I certify that (I) (this hospital) attended	the deceased from	Mouluke 13	1950, to Marinher	78 196/	hat (I) (we) last		
saw the deceased alive on the counter 2							
22e. SIGNATURE	/				22b. DATE		
My thin carlie	shud "		AED. STAFF	Nam	. 29. 196		
22c. PHYSICIAN'S		22d. ADDRESS		210 1			
NAME (Typa) C. Arthur Ressbe	erg	2436 Was	hington Blvd.				
	c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county)	(Stata)		
REMOVAL (Specify)	edar Hill Cer	neterv	Ritchie Hwy	A 0	Wa		
24 MINERAL DIRECTOR'S SIGNATURE	ADDRESS		'D BY REGISTRAR 256, REG		Md. TURE		
	Ritchie Hw			athur I Ken			
Mary to lover		, the plant of	204 01 1 (ASSAULT J. The	us:		
George J. Gence							

Pares A Marca 4001 Electric Hope (66) and march

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2 12424 CERTIFICATE OF DEATH 12411

			-4-1-4	And the second
I. PLACE OF DEATH o. COUNTY	STATE	ICE (Where deceased live		sidence before a dmjssion)
Baltimore MARYLAND	e. STATE Mar	yland b. c	COUNTY	V
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN	(If outside corporete limits,	write RURAL and	give neerest town)
write RURAL and give nearest lown) Catonsville 5yr9mthl4dys	Baltimor	'e	31111.	4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS		- Y (/)	e. IS RESIDENCE
SPRING GROVE STATE HOSPITAL	301 South	Mount Street	t	YES NO
3. NAME OF First Middle DECEASED	Last	4. DATE	Month	Dey Yeer
	Wever	DEATH	100.	19 19 6 1
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In) last birthe		
female white widowed K DIVORCED	July 23, 18		rs. Months Da	ays Hours Min.
IDe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	TY 11. BIRTHPLACE (Cou	nty & State, or foreign cou	ntry) 12. CITIZI	EN OF WHAT COUNTRY
done during most of working life, even if ratired) salesman saleswork	Maryland	i	U.	S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME		
Charles Seidenitz	Augusta Ki	raus		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT		drass	
(Yes, no, or unkown) (Ifyesgivewerordatesofservice) unknown Rec	cords: SPRIM	IG GROVE S	TATE HOS	SPI TAI.
unknown unknown Rec	orda: Dilin	o arole 2	IAID 1100	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	•			ONSET AND DEATH
IMMEDIATE CAUSE (o)	La			
DUE TO				
Conditions, if any, which (b)				
gava risa to immadiata causa				
(a), steling the underlying ceuse lest. (c)				
	OT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 1	
A.T. C. I. W.	12.00			PERFORMED?
Alleris Cardio - Vascular 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED	(Enter netura of injury in	Part I or Part II of item 18	1	112 1 10 1
OR CONTRIBUTING CIFETHER, NOTIFY MEDICAL EXAMINER	, temor notate of injury in	TOTAL		
	CE OF INJURY (Home, fer	m, 2Df. (City or town)	(County	y) (Stele)
Hour e.m. While Not While at work at work	rory, street, office bidg., etc			
21. I certify that OK (this hospital) attended the deceased from	Peh. 13	19.46 to NOV.	19 196	I that (I) (we) las
saw the deceased alive on 101.19 1941, and that				
22e. SIGNATURE				22b. DATE
7 5/2 1/2 100		MED. STAFF DIRECTOR PHYS.	B 11-	-19-61 SIGNED
22c. PHYSICIAN'S NAME (Type) LORETTA 45U		SPRING GROVE	-0	HOSPITAL
238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY		Catonsville		(Stete)
Buriaria 11/22/61 Loudon Par		Balto.M	-	(0,0,0)
24 FUNERAL DIRECTOR'S SIGNATURE Edmonds on Ave, Bal	4 - 90 25e, RE	C'D BY REGISTRAR 256	. REGISTRAR'S SIG	GNATURE
24 FUNERAL DIRECTOR'S SIGNATURE Edmonds on Ave, Bal	DATHO	V 2 4 '61	Cathun 8. to	asses

TO HOSP FAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after \$\frac{\times}{2} \times \text{death}\$. P. 4 may be retained by the hospital or attending physician.

\$\frac{\times}{2} \times \times \text{TO FUNERAL DIRECTOR:}\$ After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



11151 The country of the second of t THE RESERVE TO A SHOW A the standard of NA MEN ELEMENT TISH #12407 Tief of the country o The way were the the orthogonathe folk or a saledily 12425

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

10110

					142	
1. PLACE OF DEATH o. COUNTY	altemore	MARYLAND	2. USUAL RESIDENCE (W o. STATE	here deceased lived. If inst b. COU		efore admission)
b. CITY OR TOWN (If a	outside corporate limits, write rest, town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, wri	te RURAL and give	nearest town)
Reislers	low	15 months) / dalle	more	3 V O	
OF INSTITUTION	(If not in hospital, give street	oddress)	d STREET ADDRESS	0 La - 0	14-	e. IS RESIDENCE ON A FARM? YES NO 154
Bent 14	using Hor	102	1 Carey av	Manual	140	
3. NAME OF DECEASED (Type or print)	SARAh	Middle	WILMORE	4. DATE OF DEATH Moves	0. 1 1	Day Year 5 1961
S. SEX Nemale	Color OR RACE 7. MAR	RIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In ye lost birthdo	ors IF UNDER 1 YE. Oy) Months Doy yrs.	AR IF UNDER 24 HRS. s Hours Min.
10a. USUAL OCCUPATION during most of workin	(Give kind of work done 10bg life, even if retired)	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME) (- C 111C 31 1C	14. MOTHER'S MAIDEN I	NAME	1.4.	Ala
unkno	own GA	LLOWAY		known		
15. WAS DECEASED EVER	IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	-	Address	
(Yes, no, or unknown) (If	yes, give war or dates of service)	NONE V	Irs Bertha	Booker	726 4 (Arey STI
PART I. DEATH	H [Enter only one couse per H WAS CAUSED BY: MMEDIATE CAUSE (o)	maesture	Heart Fran	lune - Ch		NTERVAL BETWEEN INSET AND DEATH
Conditions, if ony	DUE TO	Interiosal	erosis -	generale	-0	Thean
gove rise to im couse (a), stating the lying couse lost.	mediote (0	1 8		1
PART II. OTHE		CONTRIBUTING TO DEATH 81	JT NOT RELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED? YES NO X
200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY M	CAUSE OF DEATH	SCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	While		PLACE OF INJURY (Home, forn foctory, street, office bldg., etc		(Count	ty) (Stote)
	(1) (this hospital) attend	ded the deceased from	11 1	M, fram the causes		that (I) (we) last
22g. SIGNATURE	& Mesti	leams	ATTENDING M	ED. STAFF	Maria	22b. DATE SIGNED
Z2c. PHYSICIAN'S NAME (Type)	lArence E	MS William	22d. ADDRESS 0 11904 Kerst	enstrum le 16	stenton	Manlan
230. BURIAL, CREMATION REMOVAL (Specify)	123b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn, or county)	/ (Stap)
24. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS	25a. REC	D BY REGISTRAR 25b. F	EGISTRAR'S SIGNA	TURE
Henry In	mes Elhani	et currys In	1/ Mal DATE N	OV 7 '61	Circling S. H	True

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be runed by the haspital ar attending physician.

TO FUNERAC DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board at Health priar to burial; crematian, or remaval, and in any event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs VR A15 (4) 1SM 9/S9

after death. Page 4

12421 E SHEEL X TO BE A SECTION And State Bentle Buren 72 - Market and CAN THE STATE OF T

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours arrers death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be detached for use as the burial-transit permit.

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

192	.96	CERTIFICA	IE OF DEATH		124	13
1. PLACE OF DEAT	75 U		2. USUAL RESIDEN	CE (Where decessed live	d, If institution: Res	idence bafore admission
Baltimore			a. STATE		OUNTY THE	22.0
	(if outside corporete limits,	c. LENGTH OF STAY IN 1		(If outside corporete limits,	Baltimo	
writa RURAL and	d giva nearast town)	C. ELITOITI O. OTAT IN I	V	(ir outside corporete inims,	WITTO RORPE OTTO	give meerest town,
Timonium			Timonium			
d. NAME OF HOSPI	TAL OR INSTITUTION (if no	t in hospital, giva street address)	d. STREET ADDRESS			a. IS RESIDENC
4 Aylesbu	ry Road		4 Aylesb	ury Road	#4	YES NO
NAME OF DECEASED	First	Middle	Last		Aonth	Dey Year
(Type or print)	Alice	M	Varra	DEATH Nove	mber 1	3 19 61
s. SEX	14 COLOR OR BACK!	MARRIED NEVER MARRIED	Young B. DATE OF BIRTH	9. AGE (In y	ears IF UNDER 1 YI	7
Fomolo				lest birthd	Months De	
Female	111111111111111111111111111111111111111	IDOWED DIVORCED	2-28-1884	1 11 -	rs.	
lona during most of wo	TION (Giva kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Cou	nty & State, or foreign cou	ntry) 12. CITIZE	EN OF WHAT COUNTRY
Retired Sch	nool Teacher		Baltimore,	Maryland	U. S.	. A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN			
Francis M.	Young		Emma ?			
	ER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO. 17		Ad	dress	
Yes, no, or unkown) (lfyes give wer or detes of service	ce)				
No			Mr. Frank E.	rennock-4 Ay.	resoury h	
		se per line for (e), (b), and (c).]				ONSET AND DEATH
PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (6)	Acute Duly	inuary, ode	eman		
7341	DUE TO .	Apo-10		1	_	
Candillana is an	MI	Alca malaco	Och alled	ablestely	de i	
Conditions, if any		which Comment	Summinger	and contract	VSC	
(a), stating tha u		1. I. ho. a.	4			
causa last.) (c) F	typey success				Toeseai
PART II. OTHE	R SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CONDITION	GIVEN IN PART 1	19. WAS AUTOPSY PERFORMED?
3						YES NO
200. ACCIDENT W	AS UNDERLYING 20	b. DESCRIBE HOW INJURY OCCUI	RED. (Enter neture of injury in	Part I or Pert II of item 18.)	
OR CONTRIBUTING	CAUSE OF DEATH					
	MEDICAL EXAMINER)				10	16:11
20c. TIME OF INJU Hour a.m.	JRY Month, Dey, Yeer		PLACE OF INJURY (Home, far factory, street, office bldg., etc		(County	y) (State)
Hour a.m.	19	et work et work				
		attended the deceased from	1040	19 10 Plow	12 106	1 that (1) (ma) 1:
		19.6 and th				
	sed alive on)	nar death occured at f.	M.V.M, from the cau	ses and on the	
22a SIGNATURE	111/	10	ATTENDING _	MED STAFF		22b. DATE SIGNI
Min	1 Kanhan	ale or	M.D.	DIRECTOR PHYS.		
22c. PHYSICIAN'S		Tr 111 7	22d. ADDRESS	1000	ONA	1
NAME (Type	LOUIS 1.	Hamburgerir	10013	t voul st	Belli	luva - 14
2. BUDIAL CREMAT	TON, 236. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (Cit	y, town or county)	(State)
REMOVAL (Spacify		NO. THILL OF GENERAL				
Cremation	111-15-61		t Crematory	Baltimo		
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25e, RE	C'D BY REGISTRAR 256.	REGISTRAR'S SIG	GNATURE
Wm.9.	uconer &	exe Xallo 17	Ida DATEN	N 1 4 '61	Circhun & M	relia
7 7 7 7 0						

4 2 5 " L. Bodgette ASSESSED LEGISLATION OF THE SAME. The state of the second state of the state o

MARYLAND S	TATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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	12427			CER	TIFIC	ATE OF D	EATH	1		Reg. D	ist. Nj.	21-	1.4
	PLACE OF DEATH a. COUNTY Ba.	ltimore		M	ARYLAND	o. STATE	ence (wheel)	nere deceased	lived. If instituti b. COUNTY		nce befor		on)
	RURAL and give ne	f outside corporate limi earest tawn) point	ts, write	c. LENGTH OF \$1	TAY IN 1b	1 1/ -	own (If o		rote limits, write R	URAL ond	give nea	rest town)
	OR INSTITUTION	AL (If not in hospitol, g Berkshire F		oddress)	364	d. STREET A		shire	Rd.				DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Audrey	st M	Young	ddle	Las		4. DATE OF DEATH	Novembe		Da	,	Year 19 61
5.	sex F	6. COLOR OR RACE	7. MARR	IED NEVER MA	RCED	8. DATE OF BIRTH		923	9. AGE (In years last birthday) 38 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.
100	during most of wark	ON (Give kind of work ing life, even if retired 10ME	dane 10b.	KIND OF BUSINES	S OR INDU	ISTRY 11. BIRTHPL		or foreign co	ountry)	12. CI	USA	WHATC	OUNTRY?
13.	FATHER'S NAME					14. MOTHER'S	-						
	Charles	Milchling				A	da Da	vis					
		R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY		oy Young	74	40 Ber	Addi ks hi re R			R	- 12
7	Conditions, if or gave rise to in couse (a), stoting the lying couse last.	the under-	F	alvie	Ca	remo	nce	~ 0~	- 0		ONS	3 ~ u	DEATH
CERTIFICATION		ER SIGNIFICANT CON								EN IN PA	RT 1(o) 15	PERFO	RMED?
	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJUR	Y OCCURRE	ED. (Enter nature at	injury in I	Port I or Port	II af item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o.m. p.m.	Y Month, Doy, Yeo	While at worl	Nat while at wark	20e. Pt	ACE OF INJURY (I octory, street, office	tame, form bldg., etc.	20f. (City	or tawn)		(County)		(Stote)
	21. I certify the alive on	at I attended the	decease 196		nale	19.6/ n accurred at M.D. 29.6			-			stated DATI	
220	BURIAL, CREMATION REMOVAL (Specify) Burial	Nov. 13		22c. NAME OF C					ION (City, town, o			(Stote	•}
23.	FUNERAL DIRECTOR			ADDRESS				D BY REGIST	RAR 24b. REGIS	STRAR'S S	IGNATUR	E	
	Ullrich Fu	meral Home	Bal	Ltimore,	Md.	and a	DATENO	V 1 4 '6	1 C.	thur S.	House	4	

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funeral the d and 2 death ed in by after (Pages 1 completely withi carbon and please attending certificate has been signed by the burial-transit burial, 0 hospital as to prior use for After this detached DIRECTOR: should

W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND CERTIFICATE OF DEATH Item lc Film G302 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) PLACE OF DEATH a. county imore e. STATE b. COUNTY Maryland Baltimore-MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 years Baltimore days d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Spring Grove State Hospital 1126 Norfolk Avenue 3. NAME OF Middle DATE DECEASED November Rudolph Zinober DEATH (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 1891 last bighday) Male White October WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & Stete, or foreign country) done during most of working life, evan if ratired) United States Russia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME unknous unknoun Address 15. WAS DECEASED EVEN IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (fires give war or dates of service) 3400 Oakfield Ave. Baltimore Albert Zinober unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary edema and congestive heart failure IMMEDIATE CAUSE (e) DUE TO Infarctive myocardial fibrosis Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying Arteriosclerotic cardiovascular disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Yaar factory, street, office bldg., etc.) While Not While MEDI Hour a.m. et work at work 19-26 to Nov. 26, 19.61, that (I) (we) last 21. I certify that N (this hospital) attended the deceased from Nov. 12 M, from the causes and on the date stated above. saw the deceased alive on No.v. 26 161 and that death occurred at 22a. SIGNATURE MED. ATTENDING DIRECTOR PHYS. PHYS. TO FUNERAL director, page 3 be filed with the 22d. ADDRESS SPRING GROVE STATE 22c. PHYSICIAN'S HOSPITAL NAME (Type) Stella Wachsler, M. D. Catonsville 28. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23e, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE AUNERAL DIRECTOR'S SIGNATION VR A15 (4) 15M 9/60 Cirling & Know

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO

19

INTERVAL BETWEEN

PERFORMED?

NO 1

(Stata)

22b. DATE

SIGNED

X.

IF UNDER 24 HRS.

ON A FARM?

61

TOTAL CHEST STATE OF THE PARTY Salla Papalisa SON A CHIEF THE A MILE

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur

ofter death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

19116

a. COUNTY	Baltimore	MARYI	- 1	o. STATE Mary		b. COUNTY	Anne Ar	/
b. CITY OR TOWN (I	f autside carporate limits,	write c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside carporate li	mits, write RUR	AL and give nea	arest tawn)
	RURAL and give nearest tawn) Catonsville			Riveria Bea	ach, Md.		123	(.2.
d. NAME OF HOSPIT	TAL (If not in hospital, give	street address)		d. STREET ADDRESS				e. IS RESIDENCE
OR INSTITUTION SPRING	ROVE STATE	E HOSPITAL		Kenwood	Hall Road	1		ON A FARM? YES NO
3. NAME OF DECEASED	First	Middle		Last	4. DATE OF	Manth	Do	y Year
(Type or print)	Alice	Almira	1	Zittle	DEATH	Novembe	er 28	1961
S. SEX	6. COLOR OR RACE 7	MARRIED NEVER MARRIE	D 8. D	ATE OF BIRTH	9. AC			IF UNDER 24 HRS
female	white v	VIDOWED T DIVORCED		Feb. 9, 18		76 yrs.	Aanths Days	Hours Min.
100. USUAL OCCUPATION	ON (Give kind of work da	ne 10b. KIND OF BUSINESS OF	R INDUSTRY			1000	12. CITIZEN O	F WHAT COUNTRY
housewif	king life, even if retired)			Marylar	nd		U.	S. A.
13. FATHER'S NAME			14	. MOTHER'S MAIDEN		1.70		
James	R. Stran			Sabina 1	Prince			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCE		17, INFOR		111100	Address		
(Yes, no, or unknown)	(If yes, give war or dates of servi	unknown	Rece	ords:a SPRI	ING GROVE	STATE	HOSPI	TAT
1	ATH Enter only one cour	e per line for (a), (b), and (c).]		orab, q brit.	and diwy	o caratto		ERVAL BETWEEN
	TH WAS CAUSED BY:						ONS	SET AND DEATH
400	IMMEDIATE CAUSE (a)_	Acute congest	ive he	art fallur	'e			
Tall	DUE TO							
	Conditions, if ony, which gove rise to immediate (b) Arteriosclerotic heart disease due to generalized							
cause (a), stating	couse (a), stating the under lying cause last.							
lying cause last.) (c)_							
PART II. OTH ODES: 200. ACCIDENT WA OR CONTRIBUTING OF CONTRIBUTING (IF EITHER, NOTIFY		TIONS CONTRIBUTING TO DEA	NTH BUT NOT	RELATED TO THE TERM	AINAL DISEASE CON	IDITION GIVEN	I IN PART 1(a)	PERFORMED? YES NO
	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	Db. DESCRIBE HOW INJURY OF	CCURRED. (E	nter nature of injury in	Part I or Part II of	item 18.)		
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Year	20d. INJURY OCCURRED	20e. PLACE	OF INJURY (Home, far	m, 20f. (City or to	wn)	(County)	(State
Haur o.m.	19	While Not while	factory	street, affice bldg., et	lc.)			
	. 45 (41 1 1 1 1)		· F.	ab 28 1	- E7. NL	28	2067 11	
		attended the deceased						hat (I) (we) las
saw the deceas	sed alive an NO	ov. 28 19 61, and	that deat	h accurred at	M, fram the	causes and	an the date	e stated abave 22b, DATE
	Stella	Wacheler	M.D.	ATTENDING A	AED. ST.	AFF YS.		SIGNE
22c. PHYStCIAN'S NAME (Type)	STELLA	Machsle	1			- 0		OSPITAL
On Burney Colours	LOS DATE THEREOF				st ons vil	-	Jarylan	
230 BURIAL (REMATIC REMOVAL (Specify)	DN, 23b. DATE THEREOF	23c. NAME OF CEME		HATORY UE14	23d. LOCATION	EVITY, rawn, ar	Md	(State)
24. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS)	2Sa. REC	'D BY REGISTRAR		AR'S SIGNATU	
Le Teel	7-1000	5 tous 4	ces.	DATE	DEC 1 '61	C	Chan S. He	AHA

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